



Fairfax County, Virginia

Fairfax County Human Services Response to Challenges in the Community:

FY 2001 PERFORMANCE BUDGET

June 2001

Prepared by the Fairfax County Department of Systems Management for Human Services and the
Department of Administration for Human Services

For more information or to obtain additional copies of the
Fairfax County Human Services FY 2001 Performance Budget,
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For information on caseloads and service trends, please see the companion document to the FY
2001 Performance Budget, *Selected Trends in Service Utilization and Demand, June 2001*.

Fairfax County Human Services FY 2001 Performance Budget Response to Challenges in the Community

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Fairfax County Human Services FY 2001 Performance Budget Response to Challenges in the Community: Introduction

What is the Performance Budget?

The Human Services Performance Budget for FY 2001 is part of the ongoing effort to create a more understandable way of looking at Fairfax County's investment in human services. This Performance Budget illustrates how the Human Services system as a whole responds to challenges in the community, and highlights cross-cutting issues and trends that affect our ability to respond. It is an alternative to traditional budgets that show expenditures along agency-by-agency lines.

The Performance Budget is a framework for communicating the goals and outcomes of human service efforts, both in terms of the desired quality of life in the community and in terms of the performance of specific service strategies. It offers a way to look across multiple agencies and identify services which have related objectives, regardless of the agency which provides them. It also provides an opportunity to identify cross-cutting issues and trends that affect the ability of the system to respond to community needs. Performance budgeting highlights this inter-relatedness among human services, and helps policy makers and the public understand how different services work together to address needs in the community.

Performance Measurement

Over the past several years, governments at all levels have begun to fundamentally change how they measure and evaluate their work. Driven by the need to demonstrate a return on investment,

governments are shifting their focus from measuring inputs (such as staff and dollars) to measuring results (whether programs accomplish their goals). At the national level, the Government Performance and Results Act requires federal agencies to submit detailed performance plans tied to multi-year strategic goals and objectives. At the state level, the Commonwealth of Virginia has implemented a nationally-recognized performance measurement system, in which key measures are used for each agency to monitor performance and evaluate budget requests.

At the local level, FY 2001 marked the third year of Fairfax County's Measures Up initiative, led by the Department of Management and Budget. As part of the budget process, County departments are now required to develop measurable objectives for each major cost center or activity area, and to publish a "family of measures" for each objective that reports outputs, efficiency, service quality, and outcomes.

The FY 2001 Performance Budget contains at least one performance measure for each service strategy presented. In most cases, these measures focus on the results or the quality of the service provided, rather than on the output or level of effort. Measures seek to answer the questions, "To what extent did the service achieve its intended outcome?" or "Was the client satisfied with the service provided?"

While many individual agencies have been using some type of performance measurement for years, this FY 2001 Performance Budget is the fourth year of the system-wide effort to identify key

program goals and measurable objectives for Human Services programs. By focusing on outcomes and performance, County staff, policy makers and citizens can begin to see the benefits and progress achieved through the investment of public resources. It is important to keep in mind, however, that identifying and measuring results is a difficult process that takes time to fully implement. Other jurisdictions that have made significant progress in performance measurement have found that it takes several years of trial, error, and revision to develop and incorporate meaningful performance measures.

Community Challenges

The Community Challenges were adopted in 1996 by the Human Services Leadership Team and the Human Services Council to provide a framework for looking at the broader mission of human services. The Challenges provide an alternative to the traditional agency-by-agency view of the human services system.

The Community Challenges have been used as the basis for the Human Services Performance Budget, as a tool in evaluating the County Executive's Advertised Budget Plans, and as a guide for setting priorities for the first two years of the Community Funding Pool. More recently in 1998, the Human Services Council hosted an eight-part series on *Community Challenges for Fairfax County Human Services*. The series provided an overview of the seven Community Challenges and collaborative efforts to address those challenges. The purpose of the series was to give a broad overview of Human Services issues, needs, gaps in services and the relationships among Human Services strategies for meeting challenges in the community. The information presented during the series is the foundation for the program descriptions and discussions of key issues and trends in the FY 2001 Human Services Performance Budget.

In the Fall of 2001, staff from the human services agencies will begin a review of the Community Challenges framework that has been in use since 1996. In conducting the review, staff will analyze information from several new data sources, including the 2000 US Census, the 2000 Community Needs Assessment, the 2000 Youth Risk Survey, and the 2000 Study of Eight Immigrant and Refugee Communities with Public School Children. Results from this analysis will be used for the FY 2002 Performance Budget to update the Community Challenges, if necessary, and to update the cross-cutting trends and issues affecting service delivery in the community.

What is in the Performance Budget?

This document presents all of the service strategies offered by Fairfax County Human Services to respond to needs in the community. The Strategies are organized by the seven Community Challenges and the different Program Areas within them. For each Challenge, the Performance Budget includes the following information:

- The **Quality of Life Statement** and **Action Statement** for the Challenge;
- The **Program Goals** associated with the Challenge and a description of the services offered in **Response to the Challenge**;
- A discussion of **Key Issues and Trends** that affect the human service system's ability to respond effectively to the challenge;
- A description of the relationship to other challenges and how other jurisdictions are thinking about community outcomes related to the Challenge;
- A table showing the **Goals** of each Program Area, the individual **Strategies** included in the Program Area and at least one **Performance Measure** for each Strategy; and
- A **Budget Table** that presents FY 2001 Adopted Budget Plan cost and revenue data for each Strategy in a Program Area and Challenge. The budget tables were developed using the **methodology** described below.

Methodology for the Budget Tables

Strategy: In most cases, the Strategy names correspond to individual services or lines of business within the Service Areas. The Strategies have been numbered for reference. Strategies designated with a “G” represent grant-funded Strategies (see Note 1).

Service Area: The abbreviations for the Service Areas and support agencies are as follows:

DFS Department of Family Services
 CSB Community Services Board (see Note 2)
 JDC Juvenile and Domestic Relations Court
 HLTH Health Department
 CRS Community and Recreation Services
 HCD Housing and Community Development
 DSM Dept. of Human Services Systems Management
 DAHS Dept. of Administration for Human Services
 POOL Community Funding Pool (see next chapter)

Total Cost: Each of these figures reflects the fully-burdened cost of the Strategy. Cost categories include personnel services, fringe benefits, operating expenses, capital equipment and recovered costs. The **fringe benefit cost factor** is calculated at the DMB established rate for each agency (average rate = 23.5%).

Program management and support staff (e.g., agency directors, program management, clerical support) are critical to the delivery of direct services. In order to show this critical relationship, the costs of program management and support staff are reflected in the Total Cost of each individual Strategy, allocated on an agency-by-agency basis.

Unlike program management and support staff, the costs for **administrative support services** are allocated at the Program level.

These figures reflect the salaries, fringe benefits, and operating expenses of the **Department of Administration for Human Services (DAHS)**, which provides administrative services in support of direct human service delivery. With the exception of HCD Strategies in Community Challenges 2 and 7A, the costs of DAHS are shown in each Program Area and are allocated based on a percentage of the Program’s Total Cost in comparison to the grand total FY 2001 Adopted Budget Plan for Human Services (less HCD Strategies).¹ The areas of service provided by DAHS and their performance measures are presented in the table below. Of particular note is that administrative costs (both DAHS and HCD administration) account for only 3.2% of the total cost of Human Services.

**Selected Performance Measures for the
Department of Human Services Administration**

Business Area	Measure	FY98 Actual	FY99 Actual	FY00 Actual
Financial Mgmt.	% of accts receivable collected	94.5%	95%	109.4%
	Net unspent year-end budget balances	1.1%	1%	1%
Human Resources	Average time to forward certification lists to agencies	10 wks	4 wks	4 wks
Info Tech	% of IT service requests completed within 7 days	88%	90%	80.6%
Contracts Mgmt.	% of contracts completed by due date	67%	79%	73%
Physical Resources	% of warehouse requests completed by the deadline	90%	99.5%	98.8%
	% of invoices paid in 30 days	80%	86.5%	94.2%

¹The HCD Strategies are excluded from the DAHS cost allocation because HCD is not currently supported by DAHS. For these Strategies, only HCD’s own administrative support services costs are allocated by Program in Community Challenges 2 and 7A.

Revenues: All revenue sources that contribute to the funding of the Strategy. Revenue categories include Federal, State, User Fees (customer and/or third party reimbursements) and other sources (e.g., other local jurisdictions, regional authorities, private sector).

Fairfax Co. Net Cost: This amount represents the balance of the Strategy's total cost that is funded by Fairfax County (i.e., net local tax support).

State and County Budget-Related Items

Not included in the Community Challenge program budget tables is a total of over \$170 million in State and County funding related to Human Services programs. Eligibility and monitoring of direct State assistance programs, like Food Stamps and Medicaid, is performed locally, while the actual expenditure for the cashed value of a Food Stamp voucher or the reimbursement to a private provider for delivering Medicaid-covered medical assistance is incurred by the State. Capital projects such as Information Technology and Construction projects are budgeted in special non-departmental funds to allow for multi-year financing. The self-supporting Alcohol Safety Action Program (ASAP) has a separate fund, which is overseen by the ASAP Policy Board.

Direct State Assistance. An estimated \$166.4 million in direct benefit payments to or on behalf of Fairfax citizens are made directly by the State. This estimate includes: \$10.2 million for Food Stamps; \$10.0 million for Temporary Assistance to Needy Families -TANF (formerly AFDC); \$15.7 million estimated Medicaid Waiver billings by private providers for Mental Retardation Residential and Day Support Services; and \$130.5 million in Medicaid (medical assistance) payments.

Information Technology. The County's Fund 104 (IT Projects, formerly Subfund 150) includes FY 2001 funding for Human Services

automated systems. Funding of \$1.5 million will support the integration of existing specialized applications with the ASSIST system for sharing Human Services data across agencies, and for replacing the VUWRS system, a 25-year-old payment system for client services. Funding of \$250,000 will be used to commence the replacement of the Health Department's HMIS system.

County Construction. The County's Fund 303 (County Construction, formerly Subfund 461) includes FY 2001 funding of \$1.47 million for Human Services related projects. These include: \$200,000 to continue replacement and upgrade of baseball and softball field lighting systems used by many County organizations; \$500,000 to offset school operating and overhead costs associated with new School Aged Child Care Centers; \$270,000 for carpet replacement at the Reston Human Services building; \$250,000 for carpet replacement at the Pennino Building; and \$50,000 for parking lot resurfacing at the Mt. Vernon Mental Health Center. In addition, funding of \$200,000 is included for maintenance projects associated with the Commercial Revitalization Pilot Programs in the Annandale, Springfield, Bailey's Crossroads, and Route 1 revitalization areas. Maintenance projects include landscaping, graffiti removal and installation of bicycle racks, drinking fountains, and street furniture.

Funding for these projects comprises 7.6% of the \$19.1 million FY 2001 County Construction budget.

Alcohol Safety Action Program (ASAP). The County's Fund 117 (formerly Subfund 758) provides ASAP funding of \$1,226,291, for which the County is the fiscal agent. This agency serves as the probation service of the 19th General District Court for the provision of alcohol and drug education and is funded solely by client fees.

Additional Notes

- (1) The FY 2001 Performance Budget contains \$31.8 million in grant strategies. Grant Strategies include those for which the County must compete for funding from Federal, State or private sources, and which must be approved by the Board of Supervisors. In addition to funds for which the County must compete, grants may also include funds for which the County must apply and which the County may expect to receive on an annual basis, although the funds are not included in an agency's baseline budget. For all types of grants, there is generally a specific operating period which may or may not be extended depending on the conditions of the grant. As is often the case with other Federal and State funding, there is frequently a required County contribution or match for grant funding and these funds are often restricted to specific uses or goals.
- (2) For Strategies offered by the Community Services Board, the Strategy name is preceded by the designation for Mental Health (MH), Mental Retardation (MR), or Alcohol and Drug Services (ADS).

Human Services Response to Challenges in the Community

FY 2001 Human Services Performance Budget Summary

Community Challenges	Total Cost	Revenues				Total Revenues	Fairfax County Net Cost
		Federal	State	User Fees	Other		
1: Providing Assistance to Promote Independence	\$117,648,432	\$37,420,561	\$12,715,228	\$5,226,440	\$2,025,782	\$57,388,011	\$60,260,421
2: Ensuring Safe, Affordable Housing	\$50,219,064	\$28,058,605	\$- 0	\$9,339,925	\$6,343,742	\$43,742,272	\$6,483,058
3: Supporting Families and Individuals in Crisis/Preventing Abuse and Neglect	\$80,739,042	\$11,101,930	\$28,962,395	\$321,400	\$1,014,732	\$41,400,457	\$39,338,585
4: Protection of the Public Health	\$10,185,382	\$253,162	\$2,875,303	\$1,735,694	\$222,811	\$5,086,970	\$5,098,412
5: Addressing Alcohol, Drug, Mental & Physical Health Issues	\$92,317,791	\$5,551,199	\$12,036,688	\$7,871,169	\$2,668,763	\$28,127,819	\$64,189,972
6: Responding to Crime in the Community	\$24,888,880	\$542,291	\$6,383,949	\$336,021	\$271,212	\$7,533,473	\$17,355,407
7: Providing Community-Wide & Targeted Supports to Prevent Social Isolation & Neighborhood Deterioration	\$73,754,674	\$13,144,717	\$1,844,813	\$21,325,978	\$1,761,314	\$38,076,822	\$35,700,306
GRAND TOTAL	\$449,753,265	\$96,072,465	\$64,818,376	\$46,156,627	\$14,308,356	\$221,355,824	\$228,426,161

* A non-County appropriated fund balance accounts for the difference between Total Cost and the sum of Total Revenue and the county's net cost.

Cross-Cutting Themes

Cross-Cutting Themes and Issues

The Community Challenge Series

In late 1998, the Human Services Council hosted an eight-part series entitled *Community Challenges for Fairfax County Human Services*. The series, sponsored by the Human Services Council and presented by the Human Services Leadership Team, provided an overview of the seven Community Challenges and collaborative efforts to address those challenges. The purpose of the series was to give a broad overview of Human Services issues, needs, gaps in services and the relationships among Human Services strategies for meeting challenges in the community. The series was designed to provide Council members, members of boards, authorities, and commissions, and members of the community with a deeper understanding of all the trends and issues facing human services, in preparation for making budgetary recommendations to the Board of Supervisors. The information presented during the series is the foundation for the program descriptions and discussions of key issues and trends in the *FY 2001 Human Services Performance Budget*. In the Fall of 2001, staff from the human services agencies will begin a review of the Community Challenges framework that has been in use since 1996. In conducting the review, staff will analyze information from several new data sources, including the 2000 US Census, the 2000 Community Needs Assessment, the 2000 Youth Risk Survey, and the 2000 Study of Eight Immigrant and Refugee Communities with Public School Children. Results from this analysis will be used for the *FY 2002 Performance Budget* to update the Community Challenges, if necessary, and to update the cross-cutting trends and issues affecting service delivery in the community.

Cross-Cutting Themes, Issues and Trends

In preparing the seven Community Challenge presentations, human services staff identified key trends and issues that affect the system's capacity to respond to community needs. It quickly became apparent that many issues cut across services, agencies, and challenge areas to affect the system as a whole. This summary presents the five major cross-cutting themes, a brief description of their impact on human service delivery, and possible strategies for addressing them. A more detailed discussion of many of these issues is included in the response to each of the seven Community Challenges. The five major cross-cutting themes and issues include:

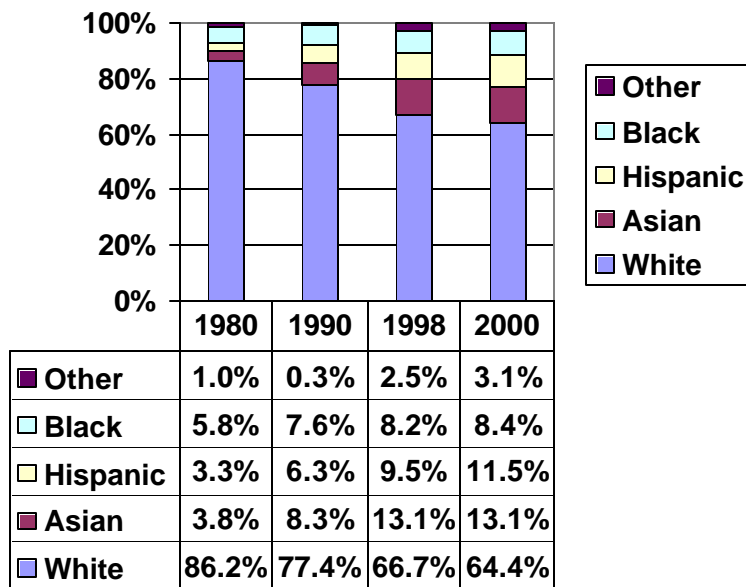
- Increasing Diversity
- Increasing Demands for Services, and Increasing Complexity of Service Demands
- Lack of Geographic Access to Services and Employment
- The Need to Implement Proven Prevention Strategies
- The Changing Role of the County

Increasing Diversity

The past two decades have seen amazing growth in the cultural and ethnic diversity of Fairfax County. Since 1980, the non-white population in Fairfax County has increased at nearly five times the rate of the total population increase. As the chart below illustrates, the most rapid increase has been in Asian and Hispanic populations. However, these racial and ethnic classifications only provide a hazy measure of true cultural diversity because each of these categories contains persons from

many different backgrounds. For example, persons designating themselves as white include people of European, African, and Mid-Eastern descent. Persons indicating their race as Asian are descendants of immigrants from more than 30 countries. Similarly, persons designating their race as black include people of African descent as well as Caribbean, Australian, South American and Central American. Persons indicating their race as Hispanic include people from Spain, Cuba, Puerto Rico, Mexico, Central America, and South America. Each possibility brings with it a different mix of language, beliefs, cultural norms and expectations that influence every kind of social interaction, including human service delivery.

Racial/Ethnic Composition



Source: 1998 Fairfax County Household Survey, [Census 2000](#).

Growth in Language Diversity 1980-1998	1980	1998	% Change
Fairfax County Population	596,901	931,452	56%
Number of persons (age 5+) speaking a language other than English in the home.	59,895	285,956	377%

Delivering services in an increasingly diverse, multicultural, and multilingual population can present both new obstacles and opportunities. Communication with clients who do not speak, read or write comfortably in English is often the first challenge faced in service delivery. The table below illustrates the growth in the last 18 years of persons speaking a language other than English in the home.

Even when language barriers have been overcome, differences in cultural norms and beliefs can present challenges as well, especially in the areas of family dynamics, parent/child relationships, and the role of government. Training staff to anticipate, understand, respect, and work within these cultural differences is a daunting task. Attracting and retaining multilingual, culturally competent staff has never been more important in human services, and is even more difficult in the current labor market environment.

Many recent immigrants to this area are well-educated and well-equipped to succeed in the community. However, many other immigrants have difficulty assimilating and moving toward self-sufficiency, either because of language barriers, skill barriers, or a combination of factors. Immigrants and refugees who are not literate in their native language present special challenges in service delivery. Workers in the self-sufficiency programs and housing assistance programs often must address a number of related issues in helping their multicultural clients achieve self-sufficiency.

Human Services is taking many steps to improve the ability of the system to serve our multicultural community effectively and responsively. To achieve this, human services staff must be reflective of the community at large in terms of race and cultural diversity, and must be culturally sensitive and competent. Strategies to achieve this goal include:

- Recruiting staff with appropriate language and cultural competence.
- Developing greater access to language translation at point of service delivery.
- Increasing cultural awareness and sensitivity among staff through training.
- Continuing to strengthen partnerships with community-based agencies serving multicultural client populations.
- Expanding ESL training opportunities in partnership with FCPS, community agencies and churches.
- Expanding employment skills training for immigrants in partnership with businesses, colleges and other organizations.

Increasing Demands for Services/Increasing Complexity of Service Demands

Many program areas are experiencing an increase in the level and complexity of service demands that exceeds the system's capacity for providing services. Critical levels of demand and unacceptable waiting times for services are present in several areas:

- **Health Care:** In Environmental Health, the shortage of inspectors, coupled with the growth of emerging health threats, means that staff can only address the most serious threats to public health, and do not have the resources for a prevention-oriented approach that would include more frequent inspections, education, and outreach. In School Health, there are only 50 nurses to cover 181 schools; this is only half the school nurses needed to meet the standard of 1:2000 for nurse to student ratios. While the lottery has been discontinued for

enrollment in the Affordable Health Care program, there are still gaps in the system's ability to provide care for the uninsured and working poor. The need for dental services is critical, as the demand for dental services far exceeds the county's capacity to provide them. Also, the need for specialist referrals from the Affordable Health Care program and health clinics is a growing problem, as treatment for many chronic conditions becomes more sophisticated and expensive.

- **Housing:** The shortage of affordable housing is a major concern in the high cost housing market of Northern Virginia. There are over 7,500 households on waiting lists for Public Housing, Section 8 and the Fairfax County Moderate Income Rental Program. The average waiting time can be as long as three to five years, depending on the program. Last year, one-quarter of the calls to the Human Services' Coordinated Services Planning unit was from someone seeking help paying their rent or finding affordable housing. Many families and individuals seeking shelter or housing assistance have other related needs, such as chronic illness, emotional problems or substance abuse, that must be addressed in conjunction with finding stable housing.
- **Mental Retardation Services:** There are over 620 individuals waiting for residential support. Of these individuals, 233 are in very urgent need for support. The urgent need is most often due to elderly or ill caregivers. Over 29% of the people waiting for services have caregivers who are 60 years old or older.
- **Mental Health and Alcohol and Drug Services:** Increased demand for emergency services, residential and day treatment, and outpatient treatment and counseling have been seen across the Community Services Board's program areas. The intensity of services needed by clients who present with severe problems or multiple diagnoses means that fewer people can be served overall. There are waiting lists for ADS residential and day treatment services, with waits of up to six months for services. As of last June, there were 463 people on the waiting list for residential mental health treatment.

- Across many service areas, staff are noticing emerging demands for services for specific subgroups of the population:
- Elderly Persons: Increases in the level and complexity of service demands for the elderly is being seen across Human Services, in Family Services, Health, Housing, the Community Services Board, and Recreation and Community Services. The elderly (65+) population is the fastest growing sector of Fairfax County's population, expected to increase from 8.5 % of the population in 2000 to 12.9% by 2010. As a result, demand for a variety of services is already beginning to increase, such as home-based care and respite services, community-based leisure opportunities, assisted housing, and adult day health care.
- Youth at Risk: The need for intensive services for youth is being seen across human services, as well. Children and youth are engaging in risky or criminal behaviors at younger ages and with greater severity, even as the overall number of youths involved in such behaviors is declining. Teen pregnancy and substance abuse are emerging problems in middle schools, and programs such as the Comprehensive Services Act are serving more children with multiple or severe needs.
- Persons with Disabilities: A growing number of individuals with disabilities are requiring more intensive services to assist them with integrating into community activities. Several factors are affecting this trend. First, many elderly persons acquire age-related disabilities and require help with daily living activities. As the elderly population grows, more community-based assistance is needed. Second, more people are surviving severe brain injuries, and are living longer and more independent lives, often requiring assistance to return to work and community life. Finally, the population of state psychiatric hospitals is decreasing as more and more individuals return to the community. These individuals need ongoing intensive treatment and medication to live successfully in more independent settings.
- Homeless adults & families: Ironically, our area's strong economy is a key factor in the alarming increase in homelessness.

Higher costs of living and the influx of new workers and businesses are pushing rent levels to new highs and vacancy rates in affordable rental properties to new lows. Because there are so few affordable or transitional housing resources, the length of shelter stays has increased dramatically, as have the waiting lists for shelter. In many cases, other physical, emotional, or behavioral health needs increase a family's risk and duration of homelessness.

Human Services is taking steps to address these trends, with a goal of increasing the system-wide service capacity and decreasing the waiting lists for assisted housing, mental health and alcohol and drug treatment, and residential services. Current and possible future strategies include:

- Continuing to increase capacity through incremental growth in budget and staff.
- Capitalizing on all grant opportunities to leverage and identify new resources.
- Expanding the use of process analysis and continuous improvement to maximize the productivity of existing resources.
- Encouraging cross agency program development targeted at subgroups.
- Developing workload standards driven by population demand; and benchmarking against other progressive localities.
- Pursuing privatization and partnership opportunities to address increasing demands for services; and encouraging development of private agencies/business to meet identified needs.

Lack of Geographic Access to Services and Employment

Much of the recent growth and development in our area has been in the western region of the County, including Chantilly, Centreville, and the Dulles corridor. In this decade (1990 to 2000), the population of the entire County increased by 18%, while the population of the western-most Supervisor district (Sully) will have increased by ~~56~~⁵⁸%. While

this rapid residential growth has provided needed affordable housing, the service infrastructure has not kept pace. Residents in Western Fairfax lack access to many human services, as there are very few service locations in the area. The closest service sites for many programs are in Fairfax or Reston. Affordable health care is especially needed by residents in this area.

Exacerbating this problem is the lack of cross-county public transportation. Residents without private transportation cannot easily access employment or services outside their own community. Suburb-to-suburb transportation (for example, to get from an affordable neighborhood in Centreville to a job in Reston) is inconvenient at best and often nonexistent, especially during the non-traditional hours worked in the retail and service industries. Transportation can even be a problem *within* regions of the County, especially in the newer communities that are not “pedestrian-friendly.” Even nearby schools, shopping, and jobs may not be accessible without private transportation.

The human services system is already taking steps to improve transportation and ensure equal access to all human services throughout Fairfax County. Current and possible future strategies to achieve this goal include:

- Developing a long range human services capital facilities plan for the western area of the County.
- Taking advantage of federal grant opportunities to expand transportation for welfare reform and other low income persons.
- Creating partnerships with businesses to provide cross-county transportation to employment centers.

Human Services is also encouraging the development of pedestrian-accessible streets, business, and service centers in revitalization areas to improve access to community life. Human Services is also encouraging support for entrepreneurs and small businesses in revitalization areas and through partnerships with community-based organizations.

The Need to Implement Proven Prevention Strategies

As more human service resources are dedicated to meeting increasing service demands and addressing the most severe cases of crisis and illness, prevention strategies are often short-changed. This is unfortunate because proven prevention strategies represent good public policy, and may be the only effective way to reverse many of the emerging trends the system faces today. For example, we know that early and adequate treatment services for families can prevent out of home placement of children with emotional or behavioral problems. Because so many of our resources are needed to provide placements for children who can no longer be served at home, it is often not possible to provide the prevention and early-intervention that could prevent the need for future placement.

Prevention programs for at-risk families, such as the Healthy Families program and Head Start, have proven to be successful both locally and nationally. Expanding these programs to ensure that all eligible families and children are served is a high priority for human services, and will help reduce future human service involvement for these families. The Health Department’s Maternal and Child Health Services, prenatal care, and child immunization programs are also examples of County efforts to help at-risk families embark on a healthy and stable start.

Implementing prevention strategies is perhaps most critical in addressing the needs of at-risk youth. Providing positive supervised activities for youth, such as in-school and after-school programs, Teen Centers, and neighborhood based recreation activities, can reduce the incidence of dangerous or criminal behavior by teens, such as violence, gang involvement, sexual activity, or drug or alcohol use. Research has shown that the riskiest hours for teens are between 3 and 6 p.m., when they are most likely to be unsupervised after school. Outreach to at-risk youth and support for their involvement in supervised activities (such as transportation to program sites from school) can teach youth valuable life and social skills and reduce their involvement in dangerous activities.

Prevention efforts are also critical in the protection of the community's health, both from communicable diseases and environmental hazards. While the County is obligated to respond to identified threats and outbreaks of disease, the outreach and prevention components of these programs often receive secondary funding priority. However, outreach to at-risk communities, education, and preventive screening and treatment services are the best ways to avoid health threats and stop the spread of communicable disease.

The goal of the human services system is to place adequate system-wide emphasis on prevention and early intervention strategies. Possible strategies identified by staff to achieve this goal include:

- Establishing prevention and treatment services for children and their families as a priority population for specific agencies, such as the Community Services Board.
- Establishing a percentage target of the human services budget devoted to prevention activities.
- Benchmarking against other jurisdictions regarding proven prevention strategies.
- Developing partnerships with communities to address their needs (i.e., faith communities, businesses, non-profits, schools, etc.)

Changing Role of the County

More and more, the County is no longer the sole (or even primary) provider of human services to persons in need. In fact, it is unusual for any service to be developed and delivered solely within the purview of one agency or program. Instead, the County is doing more work in interagency teams and in collaboration and partnership with community-based providers. In its new role, the public sector provides leadership and coordination to establish a system of care consisting of interlocking public and private networks of services.

There are many reasons for this growing trend towards partnerships for service delivery. First, Fairfax County has a thriving and capable community of non-profit and private service providers who are best-equipped to identify and respond to emerging community needs. The County's Consolidated Community Funding Pool has streamlined the process for setting funding priorities and awarding contracts to these agencies. Second, the County is increasingly adopting the role of "resource developer," leveraging state, federal, and county resources to build upon the often-untapped strengths of the faith-based, ethnic, civic, and business communities in Fairfax County. Working in partnership with these communities allows the County to be one contributor among many in achieving common goals. Third, County staff and partners are more often taking a regional approach to identifying community needs and developing shared solutions. By focusing on smaller areas of the County, such as neighborhoods or communities with shared issues and goals, staff can bring together a variety of stakeholders who are in the best position to know what their community needs and has to offer. This strategy requires additional flexibility and creativity, but has the potential to expand community involvement and ownership of solutions.

Current and possible strategies for making this transition include:

- Providing skills training in team-based management, consensus-building, and facilitation to human services staff.
- Providing skills training in asset-based community development.
- Encouraging the provision of technical assistance and leadership development in partnerships with community-based organizations (especially small or new organizations).
- Examining CCFP and contracting policies for the potential for (or barriers to) supporting community-based efforts (e.g., providing seed money or technical assistance).
- Providing training, technical assistance, and facilitation for outcome development, tracking, and management (both for County agencies as well as community organizations.)

Conclusion

Identifying cross-cutting trends and issues is only the first step in improving the capacity of the service delivery network to respond to community challenges. Continuing to track the impact of these trends in specific service areas and developing strategies to address emerging trends requires an emphasis on data collection, information sharing, and cross-program analysis. Implementing the strategies outlined here will require a shared commitment among human services, County, and community leadership.

Funding Pool

The FY 2001 Consolidated Community Funding Pool

In FY 1997, the Board of Supervisors approved the development and implementation of a competitive funding process to fund services best provided by community-based agencies and organizations, formerly funded through a contribution or through a contract with an individual County agency. This Community Funding Pool process was first operational in FY 1998 and was guided by the following goals:

- To provide support for services that are an integral part of the County's vision and strategic plan for human services;
- To serve as a catalyst to community-based agencies, both large and small, to provide services and leverage resources;
- To strengthen the community's capacity to provide human services to individuals and families in need through the effective and efficient use of resources; and
- To help build public/private partnerships, and improve coordination and collaboration, especially within the five human service regions of the County.

The Community Funding Pool process reflects significant strides to improve services to County residents and to usher in a new era of strengthened relations between the County and community of private, non-profit organizations. First, all programs funded through this process are required to develop and track program outcome measures. Second, the funding criteria used to evaluate the proposals explicitly encourage agencies to leverage County funding through strategies such as cash match from other non-County sources, in-kind services from volunteers, or contributions from the business community and others. Third, the criteria encourage agencies to demonstrate cooperation and/or collaboration with other organizations to minimize duplication or to achieve efficiencies in service delivery or administration.

Beginning with FY 2000, the Board of Supervisors directed that the former Community Funding Pool and the Community Development Block Grant (CDBG) Affordable Housing funds and Targeted Public Services funds be merged into a single Consolidated Community Funding Pool. The merge consolidated the selection and award processes by establishing one set of funding priorities to be applied for under one application with common proposal review criteria. The specific funding sources combined to form the Consolidated Community Funding Pool are:

- Community Development Block Grant Affordable Housing funds
- Community Development Block Grant Targeted Public Services funds
- Federal and State Community Services Block Grant funds
- Local Fairfax County General Funds

The County Executive appointed the Consolidated Community Funding Advisory Committee, a citizens' body, to oversee all aspects of the merged process. A major responsibility of the Consolidated Community Funding Advisory Committee is to recommend, for Board of Supervisors' approval, annual funding priorities for the Consolidated Community Funding Pool. The Committee organized funding priorities for FY 2001 according to the following six outcome areas:

- People Find & Maintain Safe, Appropriate & Affordable Housing
- People Have the Supports They Need to Be Self-Sufficient
- Youth Make Safe, Responsible Decisions
- Families and Individuals are Healthy, Stable, and Independent
- Families and Individuals Meet Their Basic Needs
- Communities are Safe, Supportive, Inclusive, and Thriving

Funding priorities are based on a citizen-input process that includes public forums, surveys, and focus groups. A citizen Community Input and Funding Priorities Committee reviews citizen input and recommends target percentage allocations for use in evaluating community organization proposals. A citizen Selection Advisory Committee awards funds on a competitive basis after the County reviews proposals from all eligible community organizations.

The following table presents a listing of the programs that were funded through the FY 2001 Consolidated Community Funding Pool process. The table is organized by the seven Community Challenges and Program Areas that form the basis for this year's Human Services Performance

Budget. The table contains the program name, organization name, a brief program description, a sample program outcome measure, and the amount and source of the award. Fund 118 includes County General Funds and Community Services Block Grant Funds. Fund 142 includes the Affordable Housing and Targeted Public Service portions of the Community Development Block Grant funds. All funds were awarded through the same process.

Please note that many programs offer a variety of distinct services. The Program Descriptions and Sample Outcomes shown below are illustrative and are not intended to be a comprehensive statement of services provided or outcomes achieved.

Program	Vendor	Program Description	Sample Outcome Measure	Fund 118 Amount	Fund 142 Amount
Challenge 1: Providing Assistance to Promote Independence				\$725,998	\$176,708
➤ Program 1A: Supports for Self-Sufficiency				\$359,784	\$176,708
Adult Literacy & English as a Second Language	Literacy Council of Northern Virginia	English as a Second Language (ESL) and adults literacy instruction.	80% of students will achieve a greater degree of self-sufficiency as a result of improved literacy and /or language skills.	\$64,492	\$0
Construction Trades Opportunities	Northern Virginia Family Service	Skills instruction and on the job training to gain entry in the construction industry., plus post-employment support.	90% of the clients will secure full-time construction employment.	\$75,000	\$0
Employment Services	United Community Ministries	Comprehensive employment services to include self-employment, computer, work experience, and job readiness skills training and job placement.	50% of clients will be hired in jobs and retain jobs for at least 90 days. 25% will start new microenterprise businesses.	\$9,292	\$176,708
Homestretch English as a Second Language	Homestretch	ESL classes for adults living in transitional housing.	100% of clients served with limited or no English will have language skills they need to improve their ability to achieve self-sufficiency.	\$31,000	\$0
Older Job Seeker Assistance	Senior Employment Services	Job search and placement assistance for hard-to-place job seekers over age 50.	70% of clients served will be placed in jobs and maintain their job for at least 3 months.	\$25,000	\$0
Self-Sufficiency	Korean American	Vocation training classes to include	125 unemployed or underemployed clients	\$55,000	\$0

Program	Vendor	Program Description	Sample Outcome Measure	Fund 118 Amount	Fund 142 Amount
Training for Korean Americans	Association of Northern Virginia	computer, heating and AC installation and repair, tailoring, plumbing, auto repair, and job-related English instruction for Korean-American adults.	will be employed or gain better employment.		
Training Futures	Northern Virginia Family Services	Clerical skills training, administrative support job placement and follow-up support services.	85% will be placed in jobs with benefits and career growth opportunities.	\$100,000	\$0
➤ Program 1B: Assistance to Maintain Independence in the Community				\$366,214	
ADP Housing Administration	Alliance for the Physically Disabled	Operate a group home to provide affordable permanent rental housing for seven severely disabled adults.	Seven severely physically and cognitively disabled young adults will maintain safe and affordable housing.	\$52,500	\$0
Adult Day Health Care	Family Respite Center	Social interaction, cognitive skills, and therapies for individuals with Alzheimer's.	81% will maintain their current in-home living situation for at least 6 months.	\$60,000	
Independence for Persons with Disabilities	National Rehab & Rediscovery Foundation	Provide independent living training, therapeutic dance and movement, and neuromuscular training to brain-injured adults.	85% of persons served will learn and utilize the techniques needed to be physically and psychosocially healthy.	\$18,961	
Laurie Mitchell Employment Center	Service Source	Skill, career, and work readiness assessment, work adaptation skills, and computer training for persons with mental illness and related brain disorders.	50% of clients will become more marketable for the current job market.	\$75,967	\$0
Mental Health Homeless Prevention.	Psychiatric Rehabilitation Services.	Provides psychiatric rehabilitation and residential support services for public housing tenants with serious mental illness.	80% of the clients will increase independent living skills required to maintain housing and maximize community integration.	\$88,586	\$0
TEC 2000-Technical Connections	Service Source	LAN administration computer training and placement services for persons with disabilities.	100% of individuals served will be placed in employment related to the technical training received.	\$70,200	\$0

Challenge 2: Ensuring the Availability of Safe, Affordable Housing				\$607,890	\$1,243,744
➤ Program 2A: Increasing and Maintaining the County's Supply of Affordable Units				\$35,000	\$594,823
Administrative Support for Housing Capital Projects	Wesley Housing Development	Administer the development and operation of affordable housing projects	Develop 18-25 units of accessible, affordable, rental housing in Fairfax County for people with physical disabilities.		\$47,902
Affordable Housing for People with Physical Disabilities	Wesley Housing Development Corporation	Develop the first affordable apartment community in the County for physically disabled people	Develop 18-25 units of accessible, affordable, rental housing in Fairfax County for people with physical disabilities.		\$100,000
Affordable Rental & Transitional Housing Program	Robert Pierre Johnson (RPJ) Housing Development Corporation	Administer the development & operation of low & moderate income housing.	100-160 Individuals will live in decent and affordable housing, paying 30% of their income for rental housing.	\$0	\$124,424
Bilingual Rehab. Specialist	Town of Herndon	Assist limited English-speaking people to foster housing rehabilitation, modernization, and maintenance	10 dwelling units will be rehabilitated to serve 10 households and 30 clients.		\$30,960
Building Communities of Promise	Wesley Housing Development Corporation	Development & operation of housing for low- and moderate-income households, elderly persons, and those living with AIDS.	12 low-income individuals/families with AIDS will have safe, affordable housing. Purchase or upgrade 124 housing units to remain available as affordable housing.	\$35,000	\$0
Homes for the Homeless	Christian Relief Service Charities	Development & operation of low income & moderate income transitional housing.	80 current client households will apply for permanent housing. 10 households who have graduated from the program will maintain permanent housing for one year.	\$0	\$160,000
Housing Development Administration	Reston Interfaith	Development of low & moderate income housing.	12 townhouses serving 12 households and 36 clients will be purchased, rehabilitated, and preserved as affordable rental housing.	\$0	\$131,537
➤ Program 2B: Enabling Households to Obtain Affordable Rental Housing in the Private Market				\$572,890	\$648,921
Homestretch Capital Project	Homestretch	Comprehensive transitional housing services for up to two years to low-income homeless families with children under age 18	Homestretch will own six housing units that will provide housing for homeless families participating in the Homestretch Program.		\$145,397
Homestretch Transitional Housing	Homestretch	Safe, appropriate, and affordable transitional housing with counseling and family support services for low-income homeless families.	90% of families will maintain housing upon graduation; 90% of youth will participate in enrichment programs.	\$207,943	\$0

Housing Case Management & Advocacy Services	Housing & Community Services of Northern Virginia	Case management, emergency assistance & advocacy services for homeless & near homeless families.	10 households will maintain a stabilized living environment after 3 months of case management, , 8 households after six months and 6 households after 12 months.	\$7,985	\$80,000
Housing Counseling	Vietnamese Resettlement Association	Housing counseling for Vietnamese Immigrants	75 or 50% of the clients being case managed who are on the waiting list for housing will be placed in permanent housing.	\$40,000	
Housing Counseling & Placement Services	Northern Virginia Family Service	Assistance in finding affordable permanent housing; eviction and utility cut-off prevention; housing counseling & case management.	80% of households receiving case management services will maintain housing and avoid eviction and utility cutoffs.	\$200,000	\$0
Housing Management with Service Enrichment	Reston Interfaith	Low & moderate income housing management & social service assistance services.	200 clients will be assessed with retention of housing needs. 100 will receive direct retention of housing services.	\$0	\$50,914
Intensive Supportive Housing	Psychiatric Rehabilitation Services	Acquisition and rehabilitation of a 6 bedroom home.	Develop permanent and supportive housing for 6 homeless individuals with mental illness		\$219,613
Multicultural Housing Counseling & Education	Center for Multicultural Human Services	Housing search assistance, housing counseling services, and eviction prevention help for low-income language minority families.	75% of households who receive outreach will be assisted in obtaining or retaining safe, stable housing. 50% of households assisted will avoid eviction.	\$19,959	\$0
The Housing Continuum	Good Shepherd Housing and Family Services	Emergency assistance to prevent evictions, rental/sublet program for families who have been rejected by private landlords, and homeless transition services for families and individuals moving into stable housing.	70% of clients (245 households) will remain in same housing at least 60 days after receiving aid. 60% of GSH tenants will move into stable housing rented in their own name.	\$97,003	\$152,997
Challenge 3: Supporting Families and Individuals in Crisis; Preventing Abuse and Neglect				\$719,147	\$244,950
➤ Program 3A: Emergency and Crisis Assessment Services				\$143,000	\$75,000
Family Assistance Program	Bethany House of Northern Virginia	Crisis intervention services for victims of domestic violence and their children. Services include family shelter, community outreach, child care supports, counseling and after-care.	100% of 700 individuals served will receive appropriate emergency services. 100% of the 325 clients receiving life skills training will gain required skills to move into independent living situations.	\$43,000	\$0
Homeless Services	FACETS	Emergency food, emergency assistance, counseling & advocacy for homeless families living in motels.	Clients become more stabilized and move towards self-sufficiency through utilization of the resource center.	\$0	\$75,000

Suicide/Crisis Information and Referral	Northern Virginia Hotline	Provision suicide prevention, crisis de-escalation, and information and referral phone services.	20% of all callers will demonstrate improved ability to cope with their issues. 10% of suicidal callers will agree to follow up.	\$100,000	\$0
➤ Program 3B: Services for Children and Families at Risk				\$188,020	
Lift One & Lift Two	Residential Youth Services	Transitional living, case management, life skills training & support services for homeless & foster care youth. Provide information and referral to 1000 runaway and homeless youth.	100% of youth served will secure affordable housing, will improve academic standing or will secure employment.	\$51,020	\$0
Services for Abused/Neglected Children	Fairfax Court Appointed Special Advocates	Provide advocacy and support services for over 700 abused/neglected children.	100% of children in extreme abuse cases will be placed in a safe, nurturing environment. 100% of child victims (over age 5) will receive therapeutic treatment.	\$137,000	\$0
➤ Program 3D: Helping Individuals and Families Meet Basic Needs				\$388,127	\$169,950
ACCA Emergency Food	Annandale Christian Community for Action.	Provides emergency food to families residing in central Fairfax County.	Of 2000 clients, 2000 or 100% will have their food crises alleviated	\$10,000	\$0
Comprehensive Food Service	United Community Ministries	Provision of emergency food, and home delivery to disabled or elderly clients, referral to public food programs, and self-sufficiency services for individuals and families in southern Fairfax County.	Of 3200 clients, 98% will have enough nutritious food for three days. Of 100 elderly and/or disabled clients, 100% will not go hungry due to their inability to pick up food.	\$102,131	\$0
Emergency Assistance, Rent, Utilities & Medicine	Falls Church Community Services Council	Provides emergency assistance with food, prescriptions, utility and rental assistance to families and individuals on a one-time basis.	100% of households will have their utility, medical or other emergency situation ameliorated.	\$16,480	\$0
Emergency Food Program	Falls Church Community Services Council	Provision of one week of emergency food to 900 families.	100% will have food crises alleviated for one week; 300 families will reduce the need for emergency food for three months.	\$9,494	\$0
Food and Nutrition	Reston Interfaith	Emergency and supplemental food and self-sufficiency counseling	1500 individuals from approximately 450 families will have food needs met annually. 505 of case management families will increase two or more levels on a self-sufficiency scale.	\$59,447	\$0
Food for Others Fairfax	Food for Others	Provides emergency food assistance.	100% of referrals and requesting families are provided food for one week. 22 organizations are supported with food distribution.	\$61,800	\$0
Food Outreach and	Our Daily Bread	Food and financial assistance, and adult	95% of clients receiving financial assistance	\$65,000	\$0

Family Assistance		mentoring.	will stabilize their emergency situations.		
Food, Emergency Assistance, and Job Counseling	Lincoln, Lewis, and Vannoy	Emergency food, assessment, counseling, and job placement services for low-income families and individuals.	157 individuals in the food distribution program will receive food at least 3 times per week.	\$0	\$108,150
Herndon Homeless Outreach	Reston Interfaith, Embry Rucker Community Shelter	Food, clothing and service linkage for homeless persons.	50% of homeless people receiving outreach will agree to come off the street to receive counseling and referrals.	\$6,695	\$0
Herndon-Reston FISH	Herndon-Reston FISH	Provision of immediate, short-term help for the needy.	100% of eligible families received assistance to alleviate their crisis.	\$37,080	\$0
On-Call Ministry	Western Fairfax Christian Ministries	Provide emergency assistance with rent and/or utility payments on a one-time basis.	75% of clients contacted who receive emergency payments remain in the housing after 3 months; 50% remain in their housing after 6 months.	\$0	\$61,800
Transportation and Emergency Financial Assistance Program	Northern Virginia AIDS Ministry (NOVAM)	Transportation and Emergency Grants to support Fairfax Co. residents affected by AIDS, to allow access to health care and support services; and to provide financial support to prevent evictions and utility shutoff, and to meet basic needs.	80% of clients will report that services allowed them to maintain or improve access to care or their self-sufficiency. 70% will report improved or maintained sense of quality of life.	\$20,000	\$0
Challenge 5: Addressing Alcohol, Drug, Mental, and Physical Health Issues				\$248,000	
➤ Program 5A: Primary and Preventive Care Services				\$58,000	
Northern Virginia Dental Clinic	Northern Virginia Dental Clinic	Comprehensive dental care for 280 low-income individuals.	100% of clients will receive an assessment. 50% will receive all recommended treatment within 6 to 9 months.	\$58,000	\$0
➤ Program 5B: Outpatient and Residential Treatment Programs for Adults and Youth				\$190,000	
Mental Health & Substance Abuse Services for At-Risk Children & Adolescents	Jewish Social Services Agency	Mental health & substance abuse services for low income children with ADD or high risk &/or disruptive behavior.	90% of parents will have a better understanding of their child's diagnosis and options for treatment. 70% of children will increase social skills.	\$35,000	\$0
Multicultural Mental Health Services	CMHS	Provision of multilingual mental health services to at risk residents. Services include assessment, counseling, medication and monitoring, parenting training and anger management.	Of 30 individuals who receive medication and monitoring, 21 or 70% will show a reduction in psychiatric symptoms.	\$115,000	\$0
VTAP (Victims of Torture Assistance)	Boat People S.O.S.	Outpatient psychotherapy for individuals for the treatment of trauma as a result of torture.	50% of torture victims will access comprehensive services. 80% of victims with severe PTSD symptoms will show a 25% improvement.	\$40,000	\$0

Challenge 6: Responding to Crime in the Community				\$1,207,865	\$58,185
➤ Program 6A: Prevention of Youth Violence and Crime				\$612,949	\$58,185
Culmore Youth Outreach Program	Alternative House	After school counseling & activities for youths at risk of dropping out of school.	Participants learn basic computer skills, enjoy self leisure activities and become competitive team players.	\$0	\$58,185
Herndon Elementary Enrichment	Reston Interfaith / Embry Rucker Community Shelter	Provide 3 classes 2 nights per week for 30 students to improve basic skills.	50% of students will participate in 80% of offered classes to improve grades.	\$12,949	
Reaching Adolescents' Potential (RAP)	Center for Multicultural Human Services	The program will provide prevention services to at-risk students including counseling, referrals to medical services, linking students and families to other community resources, parent workshops, after school activities and mental health services.	90% of all RAP students will remain in school. 75% of all RAP students will avoid unexcused absences.	\$245,000	\$0
Resource Advisory Program (RAP)	Northern Virginia Family Service	Services to 160 high school and middle school students in Regions I & III for academic and social enhancements, to assist youth in developing positive goals, increase self-esteem, reduce dropouts & & deter juvenile delinquency.	75% (120 students) will achieve improved grade point averages. 85% will complete the school year without a suspension.	\$355,000	\$0
➤ Program 6C: Opportunities for Rehabilitation				\$594,916	
Community Program for Youth on Probation & Parole	Community Mediation Service	Provides guidance, rehabilitative training, group sessions, and services for youth on parole or probation.	65% of youth served will complete the conditions for probation. 100% of the youth served will reduce tension, create trust and prevent escalation of violence in future incidents involving police.	\$64,916	\$0
Offender Services	Opportunities, Alternatives and Resources	Provide Community Service alternative sanctions for 700 offenders. Provide employment skills training, mentoring, counseling, and family assistance services for incarcerated individuals.	90% of those referred for alternative sanctions will complete all program requirements. 80% of those receiving counseling will show reduced stress and increased stability.	\$530,000	\$0
Challenge 7: Providing Community-wide and Targeted Supports to Prevent Social Isolation and Neighborhood Deterioration				\$2,311,276	\$149,193
➤ Program 7A: Neighborhood Revitalization				\$51,397	
Volunteer Home Repair Programs	RPJ Housing Development Corporation	Home repair assistance for low- income households, using approx. 3,400 volunteers.	90 homeowners (153 individuals) will remain in their home in improved conditions and indicate overall improvement to their home.	\$51,397	\$0

➤ Program 7B: Responses to Targeted Social Needs of Families, Individuals, or Neighborhoods				\$1,443,042	\$90,000
Chantilly Mews Family Preservation	Black Women United for Action	Education, conflict resolution, emergency assistance, mentoring, life skills workshops, holiday activities and prevention seminars	7 out of 25 (30%) individuals will improve behavior/grades, will have no involvement with drugs, and will be involved in community-service projects.	\$33,531	
Community & Family Outreach	Center for Multicultural Human Services	Provide case management, job and life skills training, cultural orientation, after-school programs, health care access and crisis intervention services needed to maintain individual and family stability and achieve self-sufficiency.	Of 60 clients who receive case management services, 67% will achieve at least one self-sufficiency goal and 33% will achieve stability.	\$185,400	\$0
Community Self-Sufficiency & Development	Reston Interfaith	Provides crisis intervention, clothing, and referrals; and educational workshop in parenting, household management, budgeting, computer training, & citizenship.	25% of families assisted will move from "crisis" to "stability." 25% of workshop participants will show improvement in the target area.	\$49,000	\$0
Developmental Day Care Services	United Community Ministries	Provision of quality child care services to low and moderate income families in southern Fairfax County to increase their self-sufficiency.	80% of departing five year olds will be ready for kindergarten as measured by collaborative parent/teacher tool.	\$72,222	\$0
Encircling Families	Project W.O.R.D.	Coordinates volunteers to provide support services to parents with mental health and physical disabilities.	85% of the families served will maintain the baseline level of household safety and parenting skills and prevent the regression into less safe practices.	\$35,000	\$0
ERA (Educational & Recreational Activities for Youth	Boat People S.O.S.	Parenting skills training & after-school activities for Vietnamese parents & youth.	50% of participants will not engage in negative peer pressure, will improve skill levels and maintain involvement in ERA activities.	\$11,194	\$0
Family Enrichment Services	Fairfax Area Christian Emergency & Transitional Svcs (FACETS)	Educational & recreational services for youth and adults public housing, including mentoring, arts, community service, homework, and scouting programs.	90 of 140 eligible youth (64%) will participate in programs. 90% of participants will not engage in risky behavior during programs.	\$0	\$90,000
Family Renewal	United Community Ministries, Inc.	Assist homeless families living in motels, Section 8 housing and shared housing.	80% will complete one of their service plan objectives by the end of the fiscal year	\$7,000	
Health, Mental Health, Social Services	Vietnamese Resettlement Association	Vietnamese immigrant access to health, mental health, and social services.	Of 50 families enrolled in health and social services, 25% will increase one level on the self-sufficiency scale.	\$28,484	\$0
Hermanos y Hermanos Latino Outreach	Big Brothers/Big Sisters, Inc.	Provide long-term volunteer mentors for Hispanic youth.	70% (17 children) will demonstrate improved academic performance and ability to avoid delinquency.	\$31,581	\$0

Multiple Services for Hispanic Immigrant Families	Hispanic Committee of Virginia	Education, employment, immigration, information & referral & social services for Hispanic families.	125 clients will improve their employment situation. 40 will improve their immigration status. 110 will improve their access to health care.	\$472,920	\$0
Multi-Service Programs for Family-Sufficiency Support	Korean Community Service Center of Greater Washington	Social Service, health care, employment classes, case management, counseling, acculturation, youth prevention, & elderly services for Korean families.	575 low-income persons have access to health services. 2,540 clients have access to information and services that address their needs. 225 youth will receive information and supervision that support scholastic achievement	\$54,036	\$0
Newcomer Service	Newcomers Community Services Center	ESL, job counseling, housing referral, immigration, and vocational training for refugees and immigrants.	80% of class participants will pass the citizenship test and become US citizens. 93% of clients served will receive translation and housing counseling services to meet their needs.	\$40,000	\$0
Pals Mentoring Program	Northern Virginia AIDS Ministry (NOVAM)	Mentoring services for children of HIV/AIDS parents.	60% of families will report improved family stability and lowered stress levels. 40% of children will show improved school attendance or grades.	\$7,984	\$0
Patient Care Fund	Hospice of Northern Virginia	In-home nursing, counseling and support services for the terminally ill.	40% of patients will not have to be hospitalized or placed in a nursing home immediately prior to death.	\$30,000	\$0
Project Life/Resource Mothers	YMCA of Metropolitan Washington/Fairfax County	Assistance for 150-200 pregnant teens in obtaining basic needs, learning self-sufficiency and life skills, and increasing family stability.	95% of the teens enrolled in the program will not have a second pregnancy.	\$202,500	\$0
Promoting Healthy Families	Lorton Community Action Center	Provide individuals with access to programs, support groups, counseling, teen programs and advisory forums.	100% have access to programs. 60% will show improvement in skills based and 60% will improve their behavior.	\$55,790	\$0
Self-Sufficiency	Lorton Community Action Center	Intensive case management for 14 at-risk families; emergency services, information and referral, and case management for 60 Spanish-speaking families; and emergency food and clothing and financial assistance for 600 low-income families.	40% of families receiving intensive case management will move up one or more levels on the self-sufficiency scale.	\$46,400	\$0
Youth in Action	United Community Ministries	After school services and activities for low-income children. Crisis intervention, counseling and resource access services for their parents.	Of 100 youth, 75% will receive passing grades in school and 90% will not be involved in gang or criminal activity. 50% of volunteer coaches/refs will be residents of target neighborhoods.	\$80,000	\$0

➤ Program 7C: Development of Community Supports				\$800,870	\$59,193
Center for Housing Counseling Training	Center for Housing Counseling Training	In-depth housing & homeownership counselor training for employees of public and non-profit agencies that provide housing counseling for low- to moderate-income clients.	90% of participants will meet class requirements and pass the final exam, earning a Certificate of Completion.	\$25,000	\$0
Daycare Provider Training	Infant Toddler Family Day Care	Provide an intensive, supportive, multi-part training session and ESL class.	50% of participants served will successfully start a family daycare and also develop skills to speak English with enough fluency	\$50,000	
Just Neighbors Ministry Legal Services	Just Neighbors Ministry	Legal services for immigrants, refugees & asylum seekers.	Immigrants who seek legal assistance will attain legal permission to live and work in the U.S.	\$81,363	\$0
Legal Aid	Legal Services of Northern Virginia	Legal advocacy for 2500 individuals per year in the areas of housing law, disability-related legal services; public benefits law; family law; and consumer law.	100% of persons seeking legal assistance will receive attorney or paralegal services to address required needs.	\$544,224	\$0
Microenterprise Development Program	Ethiopian Community Development Council	Micro-loans, training & on-going technical assistance for low & moderate income persons starting businesses.	50 clients receive business counseling and/or business training; 10 clients apply for and receive loans totaling \$120,000.	\$0	\$59,193
MIROP (Multicultural Information, Referral & Outreach Project)	Center for Multicultural Human Services	Provide immediate or same-day response in 27 languages to refer 3000 callers to community services and resources. Other services include mental health and human service publications, community meetings, and interpreting.	90% of callers will be able to explain need in their own language; 80% will receive information about where to get help; 50% will be able to identify where to seek and find resources.	\$60,000	\$0
Pro Bono Program	Fairfax Bar Foundation	Recruit and train attorneys to provide free legal services in the areas of Consumer, Housing, Employment and family law.	175 clients (100%) will be linked with pro bono attorneys.	\$15,000	\$0
Volunteer Program Coordination	Whitman-Walker Clinic of Northern Virginia	To recruit and train volunteers to provide HIV/AIDS clients with a variety of support services to maximize health, stability, and self-sufficiency.	80% of clients will report satisfaction with services. 30 new volunteers will be recruited and trained.	\$25,283	\$0
➤ Program 7D: Community-Wide Services				\$15,967	
4H After School	Virginia 4-H Foundation	Day camp, after school homework, character & life skills services	Promote positive youth changes in youth behavior.	\$15,967	\$0
TOTAL: \$7,692,956				\$5,820,176	\$1,872,780

Challenge 1

Community Challenge 1: Providing Assistance to Promote Independence

Quality of Life Statement

A community in which families and individuals are able to achieve their maximum potential for self-sufficiency.

Action Statement

Take steps to ensure that families and individuals have the supports needed to achieve their maximum potential for self-sufficiency.

Program Goals

Program 1A: Supports for Self-Sufficiency

- To assist individuals in obtaining, maintaining and increasing employment skills and in finding employment that leads to independence;
- To provide supportive services such as child care assistance, service coordination, and limited financial assistance so that low-income individuals and families can achieve and maintain self-sufficiency; and
- To provide transportation, vocational and day support services to persons with disabilities so they may be productive, earn wages, and achieve competitive employment if capable.

Program 1B: Assistance to Maintain Independence in the Community

- To provide case management, service coordination, residential services, personal assistance, social networking support, and early intervention assessment and treatment services to seniors

- and persons with disabilities to enhance individual development and maximize self-sufficiency in the community; and
- To ensure that all individuals have access to medical treatment services, community programs, and/or vocational work sites through transportation or accommodation supports.

Responding to the Challenge

Human Services provides a range of services to families and individuals in Fairfax County to help them achieve greater self-sufficiency and independence, and also provides ongoing supports to the elderly and people with disabilities to help them remain in the community as independently as possible. Programs are becoming more flexible in offering services in order to provide access to treatment to populations who may not live near treatment sites, to meet the need for more intensive services, and to offer services to residents of culturally diverse backgrounds.

- **Self-Sufficiency Programs (Employment and Public Assistance Programs)** provide temporary financial aid and/or employment and training services to eligible low-income families. Employment programs provide employment case management, job placements, workshops, as well as outreach to businesses and the educational community. Older Worker Employment Services offers subsidized employment, training and job placement to older workers in order to help them remain active and self-sufficient.
- The **Child Care Assistance Program** provides child care subsidies through a sliding fee scale for income eligible families. No-fee child care is available for families in the welfare-to work or VIEW

programs, or for those receiving Temporary Assistance to Needy Families (TANF).

- **Disability Services** provides a variety of community based services to persons with traumatic brain injury, including case management and rehabilitative services. Disability Services Planning also supports employment initiatives affecting people with disabilities and educates the employers in the community. A wide variety of services promoting independence in the community are also provided.
- **FASTRAN** offers door to door transportation for senior citizens and for residents with physical and cognitive disabilities who have no other means of access to employment or programs sponsored by Human Services. Some of the services offered by FASTRAN are transportation to employment sites for persons with mental retardation, and to employment and childcare for VIEW clients without other means of transportation. FASTRAN provided over 520,000 rides last year.
- **Mental Retardation Services** offers a variety of services to persons with mental retardation. Services provided include residential support, day or employment support, respite, case management, early intervention, and transportation.
- **Therapeutic Recreation** provides social support, networking programs, community reentry and integration programs, and leisure education to persons with disabilities.
- **Adult and Aging Services** offers a variety of services to senior citizens that include home based care, respite care, case management, adult day care and nutrition services. **Senior Centers** provide recreational and life skill enhancement activities.

We continue to look at flexible ways to meet the needs of many individuals and families striving for self-sufficiency or independence, by

providing employment, ESL, training, child care and transportation services. In order to assist individuals and families, agencies are collaborating across human services, with non-profit community organizations and the private sector to provide services. Increasingly, service decisions are based on client and program outcome measures and from local and state program and client data. Finally, we are providing services by leveraging local dollars through grants, seeking Medicaid waivers and reimbursements, matching federal or state funds, charging fees for services and using volunteers.

Key Issues and Trends

- **There are a growing number of people who need some services, and more intensive services are needed in the community.**

The aging population is the fastest growing sector of Fairfax County's population, as more and more residents "age in place." In 1990, 53,544 or 6.5% of the population was age 65 or older. This age group is projected to increase to 84,944 or 8.8% by 2005, and to over 10% of the population by 2005. As a result, demand for a variety of services is expected to increase: home-based care and respite services to enable frail elderly persons to remain in their homes or with family members; as well as community-based socialization and recreation opportunities for active seniors. In addition, as seniors currently attending programs such as the Department of Community and Recreation Services' Senior Centers become more frail, their families are looking to the centers for more intensive services as an alternative to long-term care.

In response to this trend, the Department of Family Services, Adult and Aging programs and the Department of Health are collaborating in providing case management services to individuals for Long Term Care. A Long Term Care Task Force is currently studying population

and age cohort forecasts and looking at cross-agency services to begin planning for an increased need for long term care services.

For individuals with mental retardation, the fast growing aging population presents both immediate crises as well as burgeoning future problems. Over 29% of the individuals on the waiting list for residential support have caregivers that are age 60 or older. As these caregivers continue to age, many become less able to care for their sons and daughters. The longer it takes to serve people on the waiting list, the larger the problem will become in the next several years. The baby boomers begin to turn 65 years old in 2010.

A growing number of individuals with disabilities are requiring more intensive services to assist them with integrating into community activities. Each year, graduates of special education from Fairfax County Public Schools need services to enable them to be employed or to engage in meaningful activities during the day. Without supports these young people lose their skills and remain isolated. In addition, as more individuals are surviving severe accidents and living longer with their disabilities, they are likely to require assistance in returning to active employment or with activities of daily living. Because of the lack of supportive community-based housing for persons with disabilities, many aging parents are caring for their adult children with disabilities at home or have no choice but to place their family member in a nursing home.

While many families have been leaving welfare, many are earning low wages that make it difficult for them to support their families or meet basic needs such as housing, food, and health care. Since the work requirement initiative of welfare reform (VIEW) was enacted in 1996, the caseload has dropped by 68%. As of 2/28/01, there were 211 participants enrolled in VIEW and receiving Temporary Assistance to Needy Families or follow up services. 124 of those enrolled were employed with an average monthly wage of \$1,222. While Fairfax County's strong economy and low unemployment rate make jobs relatively plentiful, the area's high cost of living and shortage of

affordable housing and public transportation make it difficult to sustain self-sufficiency. The average rent in Fairfax County in 2000 was \$989/month, and a 1997 study estimated that a family of three (one adult and two small children) would need to earn a monthly income of almost \$2,800 (\$33,350/year) just to meet basic expenses. We are also finding that individuals who remain in the VIEW program longer have multiple issues and as a result are more difficult to serve.

➤ **There are growing geographic gaps between the location of the service populations and the location of the service sites or areas.**

Much of the recent growth in this area has been in the western region of the County, including Chantilly, Centreville, and the Dulles corridor. In the ten years from 1990 to 2000, the population of the entire County will have increased by 18%, while the population of the western-most Supervisor district (Sully) will have increased by 56%. However, the service infrastructure has not kept pace with this western growth. There is a great disparity between the demand for services from residents of western Fairfax County and the services available in their communities, especially for senior centers, adult day health care, volunteer-based senior meal programs, therapeutic recreation, and transportation services.

➤ **Some services are experiencing a growth in cultural diversity, resulting in service delivery challenges.**

A growing number of older residents of Fairfax County are recent immigrants from other countries, who bring with them a lifetime of cultural traditions that may make it difficult for a successful match with available services for seniors. Some recent immigrants speak little or no English, leading to social isolation.

Language and cultural differences can make achieving self-sufficiency even more difficult for clients from other countries. Language and cultural communication issues in providing services can be as important

as the service needs themselves, which often include ESL and vocational ESL classes during non-traditional hours and at varying skill levels.

- **There is a growing need for flexible services, able to meet the needs of individuals and families.**

Achieving self-sufficiency and independence often requires a customized combination of support services. However, traditional services are often insufficient to meet the complex requirements of today's economy. Many recent immigrants are highly-skilled in a specific trade or profession, yet need cultural or language supports to apply their skills in this country. Other recent immigrants may not be fully literate in their native language. Parents working non-traditional hours and varying schedules often have difficulty finding part-time, evening, or weekend child care.

Transportation is another critical component of self-sufficiency and independence that is often missing for many persons. In a community as large and geographically dispersed as Fairfax County, many individuals have difficulty traveling between home and work, school, child care, or service locations. Those people who live in areas that are not well-served by public transportation, or who need to travel at off-peak times (e.g., those who work nights and evenings) may have no other options than private transportation, which can be prohibitively expensive or inaccessible for many individuals.

The County provides transportation for thousands of people each year through the FASTRAN service and various service contracts, and several community-based organizations provide a variety of transportation services. Everyday transportation that matches job hours and locations continues to be an ongoing need, however, for many individuals, especially the working poor and persons with disabilities.

- **Our capacity to provide services is affected by increases in the costs of providing services and by labor market issues.**

Costs for health care and long-term care have been rising sharply, and changes in Medicare policies have made some services, such as home care, out of reach for many clients. Labor market shortages, low compensation, and high staff turnover have caused gaps or delays in services, as well as concerns about quality, affordability, and availability, in areas such as home care, child care, and transportation.

The Consolidated Community Funding Pool

The County has historically provided funding for a number of community-based agencies that provide services to promote self-sufficiency and independence. Beginning in FY 1998 these funds have been allocated through a competitive community funding grant process. In FY 2000, this process was merged with the Community Development Block Grant Affordable Housing and Targeted Public Services funds to form the Consolidated Community Funding Pool (CCFP), which awarded grants totaling \$7,692,956 in FY 2001. Grants totaling \$902,706 were awarded for programs with a primary focus on meeting the goals of Challenge 1. (See the "Consolidated Community Funding Pool" chapter for a listing of grants awarded and selected outcomes to be achieved in this area through the Consolidated Community Funding Pool process.)

Relationship of Challenge 1 to Other Challenges

While this Challenge and the strategies within it are most closely aligned with self-sufficiency, they are also closely related to other Community Challenges and Program Areas. The availability of other support services, such as affordable housing (Challenge 2), services for families and individuals in crisis (Challenge 3) and mental health, substance abuse, and medical services (Challenge 5) often are prerequisites for finding and keeping stable employment and achieving economic self-sufficiency. Living in a community that offers supports such as child care, youth activities and access to needed services is also a key

component in maintaining family stability and employment (Challenge 7).

How Other Jurisdictions Are Thinking About This Challenge

Over the past several years, many states and localities across the country have begun to ask themselves the question, "What are the most important *outcomes* we want to see for our community?" A community outcome is a broadly-defined, bottom-line condition of well-being for families, children, individuals, or communities. Outcomes are about the fundamental desires of citizens and the fundamental purposes of government, and are not "owned" by any single government agency. While an outcome is not directly measurable by any single piece of data, progress toward achieving outcomes can be measured by a few carefully chosen indicators.

Examples of Community Outcomes and Indicators

Individuals and Families Achieve their Maximum Possible Level of Self-Sufficiency (Montgomery County, MD)

Indicators:

- *Child poverty*
- *Youths with disabilities with successful outcomes*
- *Welfare rate*
- *Seniors living in nursing homes*

People in need will receive support that helps them live as independently as they can. (Minnesota)

Indicators:

- *Rates of in-home help for older people who need it*
- *Percentage of welfare households with an adult working*

Program Goals: 1A. Supports for Self-Sufficiency

- ◆ To assist individuals in obtaining, maintaining and increasing employment skills and in finding employment that leads to independence;
- ◆ To provide supportive services such as child care assistance, service coordination, and limited financial assistance so that low-income individuals and families can achieve and maintain self-sufficiency; and
- ◆ To provide transportation, vocational and day support services to persons with disabilities so they may be productive, earn wages, and achieve competitive employment if capable.

➤ Strategy Name ➤ Performance Measure(s)	FY 98 Actual	FY 99 Actual	FY 00 Actual	FY 01 Target	Comments
➤ Self-Sufficiency Services/ VIEW ➤ Percent of VIEW clients placed in a work activity.	70%	68%	66%	70%	
➤ Self-Sufficiency/ Benefits Services ➤ Number and percent of public assistance applications completed within state-mandated timeframe.	22,735/ 91%	22,531/ 90%	21,889/ 91%	22,389/ 93%	
➤ Child Care Assistance Program ➤ Number of children of working parents receiving child care assistance.	6,820	7,848	7,751	8,005	

➤ Older Worker Employment Services					
➤ No. of persons trained.	66	39	21	20	
➤ % of persons trained achieving unsubsidized employment.	21%	54%	33%	35%	
➤ Disability Programs					
➤ No. of persons served through head-injury and hearing impaired disability services.	3,435	3,884	4,720	4,767	
➤ CSB Transportation Services					
➤ No. of trips provided.	282,731	357,223	344,250	370,523	

Program Goals 1B. Assistance to Maintain Independence in the Community

- To provide case management, service coordination, residential services, personal assistance, social networking support, and early intervention assessment and treatment services to seniors and persons with disabilities to enhance individual development and maximize self-sufficiency in the community; and
- To ensure that all individuals have access to medical treatment services, community programs, and/or vocational work sites through transportation or accommodation supports.

➤ Strategy Name ➤ Performance Measure(s)	FY 98 Actual	FY 99 Actual	FY 00 Actual	FY 01 Target	Comments
➤ Adult Services (including Nutrition Services for Adults)					
➤ No. of clients receiving nutrition services.	2,692	2,692	3,921	4,138	
➤ % of congregate meals clients served who score as low-risk or moderate-risk for nutritional deficiency.	n/a	77%	86%	80%	
➤ No. of clients receiving home-based care to remain in their own homes.	926	1,006	1,184	1,260	
➤ No. of volunteers.	2,300	2,500	2,308	2,500	
➤ Equivalent value of volunteer services.	\$693,294	\$717,504	\$1,299,872	\$1,398,655	77,098 hours @ \$16.86
➤ Long Term Care for Adults					
➤ % of elderly persons and adults with disabilities receiving case management services who remain in their own homes after one year of services , or who are in their own homes at termination of service.	N/a	83%	79%	80%	
➤ No. of Medicaid pre-admission screenings to nursing homes, personal care, adult day care, respite care.	270	262	281	285	
➤ Percent of adults receiving bathing services and caregivers receiving respite services who benefit from the program.	93%	95%	97%	95%	
➤ Number of Adult Care Residence screenings.	88	101	84	100	
➤ Senior Centers					
➤ % of enrolled seniors attending daily center activities.	13.5%	12%	11%	13%	

➤ Adult Day Health Care ➤ % of caregivers reporting that they benefited from the program. ➤ % of clients/caregivers satisfied with services.	94% n/a	90% 100%	95% 100%	95% 100%	
➤ MR Outpatient Case Management ➤ % of individual service plan objectives met.	86%	92%	94%	92%	
➤ MR Residential Treatment Services ➤ % of individual service plan objectives met. ➤ % of individuals who are satisfied with support services	49% 83%	50% 81%	53% 83%	50% 80%	
➤ MR Vocational Day Treatment ➤ % of individual service plan objective met. ➤ % of participants in vocational settings which are integrated in the community.	67% 53%	60% 53%	61% 56%	60% 55%	
➤ Therapeutic Integration/ Americans with Disabilities Act ➤ % of individuals effectively accommodated in activities requested ➤ % of individuals satisfied with accommodations provided	98% 94%	100% 98%	99% 98%	98% 98%	
➤ Therapeutic Leisure Education for Disabled Individuals ➤ % change in individuals reporting increased leisure planning skills and community participation	NA	5.3%	10.6%	5.0%	
➤ Transportation Services for Adults ➤ No. of seniors receiving services	1,916	2,010	2,189	2,276	
➤ Transportation to Support HS Programs/ American with Disabilities Act Metro ➤ No. of Seniors Receiving services	537,342	521,251	525,735	558,022	
➤ Dial-a-Ride, Critical Care, Therapeutic Recreation ➤ % individuals keeping scheduled appointments for medical or community services	85%	92%	90%	90%	

Community Challenge 1 Budget Summary	Total Cost	Federal Revenue	State Revenue	User Fees	Other Revenue	Fairfax Co. Net Cost
Providing Assistance to Promote Independence	\$ 117,648,432	\$ 37,420,561	\$ 12,715,228	\$ 5,226,440	\$ 2,025,782	\$ 60,260,421

COMMUNITY CHALLENGE 1: PROVIDING ASSISTANCE TO PROMOTE INDEPENDENCE

Program 1A. Supports for Self-Sufficiency

Strategies	Strat.	Service		Total Cost	Revenues					Net
	Ref #	Area			Federal	State	User Fees	Other	County Cost	
Self-Sufficiency Services/VIEW	101-A	DES		\$ 10,810,911	\$ 6,529,865	\$ 2,595,471	\$ -	\$ 155,566	\$ 1,530,009	
Self-Sufficiency Services/VIEW	101-A	DES	G	\$ 5,968,992	\$ 5,630,974	\$ 338,018	\$ -	\$ -	\$ -	
Self-Sufficiency/Benefit Services	102-A	DES		\$ 8,823,170	\$ 3,530,465	\$ 2,569,811	\$ -	\$ 507,038	\$ 2,215,856	
Self-Sufficiency/Benefit Services	102-A	DES	G	\$ 545,977	\$ 545,977	\$ -	\$ -	\$ -	\$ -	
Child Care Assistance Program	103-A	DES		\$ 32,440,940	\$ 17,239,475	\$ 3,834,405	\$ -	\$ 23,288	\$ 11,343,772	
Child Care Assistance Program	103-A	DES	G	\$ 1,297,368	\$ 648,684	\$ 648,684	\$ -	\$ -	\$ -	
Employee's Child Care Center	104-A	DES		\$ 1,330,603	\$ -	\$ -	\$ 565,840	\$ -	\$ 764,763	
Disability Programs	106-A	DES		\$ 1,711,651	\$ 49,895	\$ 933,932	\$ -	\$ 3,590	\$ 724,234	
Transportation Services	107-A	CSB		\$ 4,732,856	\$ -	\$ -	\$ 290,000	\$ 127,250	\$ 4,315,606	
Consolidated Community Funding Pool	115-A	POOL		\$ 536,492	\$ 176,708	\$ -	\$ -	\$ -	\$ 359,784	
Administrative Support Services	116-A	DAHS		\$ 2,385,582	\$ -	\$ -	\$ -	\$ -	\$ 2,385,582	
Regular Strategies-Subtotal:				\$ 62,772,204	\$ 27,526,408	\$ 9,933,619	\$ 855,840	\$ 816,732	\$ 23,639,605	
Grant Strategies-Subtotal:				\$ 7,812,337	\$ 6,825,635	\$ 986,702	\$ -	\$ -	\$ -	
Program 1A.-Total:				\$ 70,584,541	\$ 34,352,043	\$ 10,920,321	\$ 855,840	\$ 816,732	\$ 23,639,605	

Program 1B. Assistance to Maintain Independence in the Community

Strategies	Strat.	Service	Total Cost	Revenues						Net
	Ref #	Area		Federal	State	User Fees	Other	County Cost		
Adult Services	117-B	DES	\$ 2,265,957	\$ 1,116,013	\$ 6,576	\$ -	\$ 111,482	\$ 1,031,886		
Adult Services	117-B	DES G	\$ 88,097	\$ 79,287	\$ -	\$ -	\$ -	\$ 8,810		
Aging-Community Based Services	118-B	DES	\$ 659,119	\$ 334,658	\$ 104,097	\$ -	\$ 113,226	\$ 107,138		
Aging-Nutrition Services	119-B	DES	\$ 2,144,749	\$ 612,588	\$ 155,651	\$ -	\$ 288,616	\$ 1,087,894		
Aging-Home Based Services	120-B	DES	\$ 742,574	\$ 50,000	\$ 518,745	\$ 9,116	\$ 6,000	\$ 158,713		
Long Term Care	121-B	DES	\$ 5,385,598	\$ 810,972	\$ 279,112	\$ -	\$ 181,150	\$ 4,114,364		
Senior Centers	122-B	DCRS	\$ 1,203,973	\$ -	\$ -	\$ -	\$ -	\$ 1,203,973		
Adult Day Health Care	123-B	HI TH	\$ 2,011,684	\$ -	\$ -	\$ 833,058	\$ -	\$ 1,178,626		

Program 1B. Assistance to Maintain Independence in the Community (continued)

Strategies	Strat. Ref #	Service Area	Total Cost	Revenues				Net County Cost
				Federal	State	User Fees	Other	
MR-Outpatient Case Management Services	124-B	CSB	\$ 2,628,438	\$ -	\$ 117,687	\$ 1,013,159	\$ 49,203	\$ 1,448,389
MR-Residential Treatment Services	125-B	CSB	\$ 11,855,293	\$ 65,000	\$ 151,763	\$ 1,866,953	\$ 241,014	\$ 9,530,563
MR-Vocational Day Treatment	126-B	CSB	\$ 10,251,299	\$ -	\$ 461,276	\$ 286,767	\$ 218,360	\$ 9,284,896
Therapeutic Integration (ADA)	127-B	DCRS	\$ 191,628	\$ -	\$ -	\$ -	\$ -	\$ 191,628
Therapeutic Leisure Ed for Disabled Individuals	128-B	DCRS	\$ 647,564	\$ -	\$ -	\$ 58,490	\$ -	\$ 589,074
Transportation Services (Elderly)	129-B	DES	\$ 1,438,048	\$ -	\$ -	\$ 120,785	\$ -	\$ 1,317,263
Transportation to Supt Human Svcs Programs	130-B	DCRS	\$ 2,205,181	\$ -	\$ -	\$ 171,019	\$ -	\$ 2,034,162
Americans w/Disabilities Act-Metro Access	131-B	DCRS	\$ 353,544	\$ -	\$ -	\$ -	\$ -	\$ 353,544
Dial-a-Ride, Critical Med Care, Therapeutic Rec	132-B	DCRS	\$ 853,858	\$ -	\$ -	\$ 11,253	\$ -	\$ 842,605
Consolidated Community Funding Pool	135-B	POOL	\$ 366,214	\$ -	\$ -	\$ -	\$ -	\$ 366,214
Administrative Support Services	136-B	DAHS	\$ 1,771,073	\$ -	\$ -	\$ -	\$ -	\$ 1,771,073
Regular Strategies-Subtotal:			\$ 46,975,794	\$ 2,989,231	\$ 1,794,907	\$ 4,370,600	\$ 1,209,050	\$ 36,612,006
Grant Strategies-Subtotal:			\$ 88,097	\$ 79,287	\$ -	\$ -	\$ -	\$ 8,810
Program 1B-Total:			\$ 47,063,891	\$ 3,068,518	\$ 1,794,907	\$ 4,370,600	\$ 1,209,050	\$ 36,620,816

Community Challenge #1 Total: \$ 117,648,432 \$ 37,420,561 \$ 12,715,228 \$ 5,226,440 \$ 2,025,782 \$ 60,260,421

Challenge 2

Community Challenge 2: Ensuring the Availability of Safe, Affordable Housing

Quality of Life Statement

A community which has quality housing opportunities for families and individuals in all income ranges.

Action Statement

Take affirmative steps to preserve and increase the availability of housing opportunities that are affordable to persons with low to moderate incomes

Program Goals

Program 2A. Increasing and Maintaining the County's Supply of Affordable Units

The objective of this program is to develop, preserve and maintain housing opportunities that are affordable to families with incomes in all ranges below 70% of the County's median income by:

- Financing new construction and rehabilitation of affordable residential properties for both public and private sector developers;
- Developing and constructing housing for ownership or resale by the Fairfax County Redevelopment and Housing Authority (FCRHA); and
- Managing and maintaining units owned and rented by the FCRHA.

Program 2B. Enabling Households to Obtain Affordable Rental Housing in the Private Market

- To identify, obtain, and maximize the use of resources that are available to the County to supplement the incomes of eligible households so that they can afford private market rents and transition to non-subsidized housing. The primary focus is the administration of the Federal Section 8 rental assistance program, but the program areas also includes the use of other federal, state, and local programs that become available for this purpose.

Responding to the Challenge

In 1973, the Board of Supervisors adopted a policy that "all who live and/or work in Fairfax County should have the opportunity to purchase or rent safe, decent housing within their means." In 1999, the Fairfax County Redevelopment and Housing Authority adopted a mission statement that reaffirms its commitment to "initiate and provide opportunities for Fairfax County residents to live in safe, affordable housing." These commitments recognize that stable housing is a fundamental component of all self-sufficient households, and without it, other human service efforts may not be effective.

To meet this commitment, Fairfax County employs a number of strategies that maximize the use of state, local, and Federal funds, as well as community efforts, to address different aspects of the affordable housing problem. In all, there are approximately 12,350 units of assisted housing in Fairfax County. These include:

- **Public housing** (1,064 townhouses, garden apartments, and condo units distributed in 31 locations throughout the County). Over 60% of households in public housing are wage earners, 14% are elderly, and 38% include disabled or handicapped persons (including the elderly). The average household income as of January 2001 was \$15,106. Public housing also includes the Supported Shared Housing program (19 units) for clients of the Community Services Board.
- **Section 8** is a federal program administered by FCRHA that provides a monthly rent subsidy to low income households to assist them in renting privately owned housing. Section 8 currently serves approximately 3,062 households with incomes up to 50% of the area's median income (or \$40,300 for a family of four).
- **Fairfax County Rental Program** (1,372 units). This program includes all rental property owned by the FCRHA other than Public Housing, and includes housing for families, single persons, seniors, and supportive housing for special populations. The program serves households with incomes from the low teens to the mid-\$20's, generally working households with incomes higher than those in the Public Housing and Section 8 programs. Properties include individual units in townhouses and condominium complexes, congregate housing for seniors (often co-located with Senior Centers or Adult Day Health Centers), a mobile home park, a shelter operated by a non-profit community organization, and several group homes operated by the Community Services Board.
- **Home Repair and Improvement Programs** which provide technical assistance and low interest loans for low and moderate income homeowners to make code-related or other needed improvements to their homes, including rental properties.

- **Home Ownership Programs** to assist first-time homebuyers with low to moderate incomes purchase homes in new communities being developed in the County. The average income of households in this program is approximately \$34,000. Since the program was implemented in 1990 (when the Board of Supervisors approved the Affordable Dwelling Unit Ordinance), over 741 units have been developed and sold to qualified purchasers.

Key Issues and Trends

Even with all these efforts, however, the shortage of affordable housing is still a major concern in the high cost housing market of Northern Virginia. The County's first Consolidated Plan in 1995 estimated a shortage of nearly 15,000 units for households earning less than \$20,000 per year. With apartment rents averaging more than \$990 per month, and a median market value of owned housing of \$200,000, finding and maintaining stable housing is out of reach even for many moderate-income working families and individuals.

According to a recently released HUD study, "Despite 6 years of unprecedented economic growth, millions of families still struggle to secure decent affordable housing. Ironically, the strong economy is a key factor pushing rent levels to new record highs. Rather than benefiting from the surging economy, low-income renters are left to compete for the dwindling supply of affordable rental housing available on the private market. Many of the most vulnerable low-income renters spend years waiting in vain to obtain needed rental housing assistance."

The concern about affordable housing is voiced in many ways. In FY 2000, nearly 30% of calls to the Human Services' Coordinated Services Planning unit were from someone seeking help finding or maintaining affordable housing. For the past several years, Fairfax

County has sponsored community forums and focus groups throughout the County seeking input from citizens and community-based organizations about the needs in their communities. Affordable and safe housing ranks at or near the top of every group. The need for specialized affordable housing and rehabilitation is also frequently raised in community forums. Many residents voice the need for supportive housing for the elderly and people with disabilities living independently, as well as increased funding for the rehabilitation of privately-owned multifamily and single family housing (rental and ownership). Finally, there are over 7,500 households on waiting lists for Public Housing, Section 8 and the Fairfax County Moderate Income Rental Program. Nearly 60% of them are currently earning wages, 14% receive Social Security and 3% receive public assistance; 10% are elderly and 24% are either handicapped or individuals with disabilities.

Several trends and policy issues at the national, state, and local level are contributing to the crisis in affordable housing and to changes in the way that housing programs are managed.

➤ **Limited new funding and financing for public and affordable housing**

Policy changes in recent years have nearly halted the extension of housing assistance to more low-income households. According to the Center for Budget and Policy Priorities, the number of new housing subsidies the federal government funded in 1997 was one-seventh the number of new subsidies funded 20 years earlier, in 1977. Local neighborhood opposition to FCRHA's purchase of Affordable Dwelling Units, as well as the stigma attached to "public housing," especially for special needs populations, has also contributed to the decline in new production.

Important sources of funding at the state level have also been lost over the past few years. The Virginia Housing Partnership Fund had been an important source of match funding for the production and preservation of affordable housing, but funding is no longer appropriated to this program by the General Assembly. Also, Low Income Housing Tax Credits, now the primary source of funding for affordable housing, are the subject of intense competition and are difficult to obtain.

➤ **Loss of existing affordable housing**

Starting in 1975, HUD signed twenty-year contracts with private owners of multi-family housing to subsidize their properties with project-based Section 8. These long-term contracts are now expiring, creating widespread uncertainty about whether the properties will continue as affordable housing or "opt out" of the Section 8 program. To make the problem worse, contract renewals are now only for one-year terms, leaving many residents in a constant state of uncertainty about the stability of their housing.

Nationwide, two-thirds of all project-based Section 8 contracts will expire in the next five years. While many owners choose to remain in the program, owners with "good" housing in "good" neighborhoods are the most likely to opt out – leaving fewer affordable options in neighborhoods with better access to jobs, schools, and opportunities. In Fairfax County, the first wave of contract expirations and prepayments (through 1998) resulted in the loss of 785 project-based Section 8 units. No additional units have been lost through calendar year 2000. However, each year could bring the loss of additional units, although federal and local agencies are implementing a number of creative strategies providing incentives for owners to remain in the Section 8 program.

➤ **Changes in program management requirements**

The Quality Housing and Work Responsibility Act of 1998 resulted in major new programmatic requirements for local housing authorities. While many of the new provisions are still being phased in, immediate implementation of others has stretched the resources of housing management staff, while opening opportunities for greater resident involvement. A Resident Advisory Council comprised of Section 8 and Public Housing residents has been formed. Public housing residents who are not employed or exempt from employment requirements must perform 8 hours of community service each month, monitored by housing staff. New annual and long-range planning is required for public housing and Section 8, which provides an opportunity to merge a number of housing- and service-related planning and community input processes.

Finally, local housing authority participation in the HUD-sponsored Family Self-Sufficiency Program was made optional instead of mandatory. The goal of the program was to promote the achievement of independence from all welfare and federal subsidy programs over a five year time period, by providing intensive case management and allowing families in public housing to build an escrow account of savings from increased earnings for home ownership. As of February 2001, 42 individuals from both the Public Housing and Section 8 programs were active participants in the FSS program. About thirty families have successfully graduated from the program and nineteen have become homeowners. FCRHA is currently looking for ways to continue the goals of this program in collaboration with other Human Service agencies.

➤ **Changes in the service population result in new challenges**

Finally, demographic changes in the community have resulted in new challenges for local housing management staff. Increased development in the western part of the County, coupled with a trend toward “non-concentration” of public and assisted housing, requires staff to manage public housing sites scattered all across the County. The increased diversity of both residents and landlords has presented language and cultural challenges in service delivery and outreach efforts. Also, housing staff are seeing many residents with complex individual and family problems that affect their ability to maintain housing. Together, these trends and changes are stretching already limited housing management resources.

The Consolidated Community Funding Pool

The County has historically provided funding for a number of community-based agencies that provide services to help families find and maintain affordable housing. Beginning in FY 1998 these funds have been allocated through a competitive community funding grant process. In FY 2000, this process was merged with the Community Development Block Grant Affordable Housing and Targeted Public Services funds to form the Consolidated Community Funding Pool (CCFP), which awarded grants totaling \$7,692,956 in FY 2001. Grants totaling \$1,851,634 were awarded for programs with a primary focus on meeting the goals of Challenge 2. (See the “Consolidated Community Funding Pool” chapter for a listing of grants awarded and selected outcomes to be achieved in this area through the Consolidated Community Funding Pool process.)

Relationship of Challenge 2 to Other Challenges

As noted earlier, having stable and affordable housing is a key component of almost every aspect of family and individual well-being. Without affordable housing, family members may be unable to find and maintain long-term employment (Challenge 1) or provide a stable environment for raising children (Challenge 3). Paying as much as 50% of family income for rent makes it difficult, if not impossible, to afford other basic needs, such as food, clothing, utilities, child care, and health care (Challenges 1, 3, and 5). Affordable housing that is accessible and served by public transportation is critical to maintaining independence for persons with disabilities (Challenge 1). Finally, ensuring safe and affordable housing is a critical element of neighborhood revitalization and community engagement efforts (Challenge 7).

How Other Jurisdictions Are Thinking About This Challenge

Over the past several years, many states and localities across the country have begun to ask themselves the question, “What are the most important *outcomes* we want to see for our community?” A community outcome is a broadly-defined, bottom-line condition of well-being for families, children, individuals, or communities. Outcomes are about the fundamental desires of citizens and the

fundamental purposes of government, and are not “owned” by any single government agency. While an outcome is not directly measurable by any single piece of data, progress toward achieving outcomes can be measured by a few carefully chosen indicators. Many jurisdictions have identified community outcomes and indicators related to affordable housing (see box for examples).

Examples of Community Outcomes and Indicators

Families and individuals live in safe, supportive communities (Vermont)

Indicators:

- *Percent of household income paid for housing costs*
- *Ratio of increase in median home values to increase in median income*

All Minnesotans will have decent, safe, and affordable housing (Minnesota)

Indicators:

- *Housing costs*
- *Rates of home ownership*

Program Goals: 2A. Increasing and Maintaining the County's Supply of Affordable Units

- To finance new construction and rehabilitation of affordable residential properties for both, public and private sector developers;
- To develop and construct housing for ownership or resale by the Fairfax County Redevelopment and Housing Authority (FCRHA); and
- To manage and maintain units owned and rented by the FCRHA

➤ Strategy Name ➤ Performance Measure(s)	FY 98 Actual	FY 99 Actual	FY 00 Actual	FY 01 Target	Comments
<ul style="list-style-type: none"> ➤ Bond Compliance Servicing and Monitoring ➤ Residential Development and Acquisition and Preservation ➤ Residential Management and Maintenance ➤ Number of below-market and assisted rental housing units in the County 	11,897	12,000	12,350	12,400	

➤ **Program Goals: 2B. Enabling Households to Obtain Affordable Rental Housing in the Private Market**

- To identify, obtain, and maximize the use of resources that are available to the County to supplement the incomes of eligible households so that they can afford private market rents and transition to non-subsidized housing.

➤ Strategy Name ➤ Performance Measure(s)	FY 98 Actual	FY 99 Actual	FY 00 Actual	FY 01 Target	Comments
<ul style="list-style-type: none"> ➤ Maintenance of Housing Waiting List Database ➤ Rental Assistance Programs ➤ Vacancy rates for all Public Housing units under management 	0.68%	1.0%	0.58%	1.0%	

Community Challenge 2 Budget Summary	Total Cost	Federal Revenue	State Revenue	User Fees	Other Revenue	Fairfax Co. Net Cost
Ensuring the Availability of Safe, Affordable Housing	\$ 50,219,064	\$ 28,058,605	\$ -0-	\$ 9,339,925	\$ 6,343,742	\$ 6,483,058

COMMUNITY CHALLENGE 2: ENSURING SAFE AFFORDABLE HOUSING

Program 2A. Increasing and Maintaining the Supply of Affordable Units

Strategies	Strat. Ref #	Service Area	Total Cost	Revenues				Net County Cost
				Federal	State	User Fees	Other	
Bond Compliance Servicing and Monitoring	201-A	HCD	\$ 108,842	\$ -	\$ -	\$ 31,968	\$ 15,380	\$ 62,905
Res Development Acquisition and Preservation	202-A	HCD	\$ 1,449,195	\$ -	\$ -	\$ 1,058,572	\$ 634,125	\$ 188,714
Res Development Acquisition and Preservation	202-A	HCD G	\$ 852,044	\$ 852,044	\$ -	\$ -	\$ -	\$ -
Residential Management and Maintenance	203-A	HCD	\$ 16,042,867	\$ 1,158,644	\$ -	\$ 7,699,980	\$ 2,787,066	\$ 4,197,355
Residential Management and Maintenance	203-A	HCD G	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consolidated Community Funding Pool	205-A	POOL	\$ 629,823	\$ 594,823	\$ -	\$ -	\$ -	\$ 35,000
HCD Administration*	206-A	HCD	\$ 3,131,215	\$ -	\$ -	\$ 311,669	\$ 1,965,132	\$ 868,161
Regular Strategies-Subtotal:			\$ 21,361,943	\$ 1,753,467	\$ -	\$ 9,102,189	\$ 5,401,702	\$ 5,352,134
Grant Strategies-Subtotal:			\$ 852,044	\$ 852,044	\$ -	\$ -	\$ -	\$ -
Program 2A-Total:			\$ 22,213,987	\$ 2,605,511	\$ -	\$ 9,102,189	\$ 5,401,702	\$ 5,352,134

Program 2B. Enabling Households to Obtain Housing in the Private Market

Strategies	Strat. Ref #	Service Area	Total Cost	Revenues				Net County Cost
				Federal	State	User Fees	Other	
Maintenance of Housing Waiting List Database	207-B	HCD	\$ 174,147	\$ -	\$ -	\$ 51,148	\$ 24,608	\$ 100,647
Rental Assistance Programs	208-B	HCD	\$ 25,537,470	\$ 24,804,173	\$ -	\$ 79,919	\$ 244,872	\$ 160,261
Consolidated Community Funding Pool	210-B	POOL	\$ 1,221,811	\$ 648,921	\$ -	\$ -	\$ -	\$ 572,890
HCD Administration*	211-B	HCD	\$ 1,071,649	\$ -	\$ -	\$ 106,668	\$ 672,561	\$ 297,125
Regular Strategies-Subtotal:			\$ 28,005,078	\$ 25,453,094	\$ -	\$ 237,735	\$ 942,040	\$ 1,130,924
Grant Strategies-Subtotal:			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Program 2B-Total:			\$ 28,005,078	\$ 25,453,094	\$ -	\$ 237,735	\$ 942,040	\$ 1,130,924
Community Challenge #2 Total:				\$ 50,219,064	\$ 28,058,605	\$ -	\$ 9,339,925	\$ 6,343,742
								\$ 6,483,058

Included in the HCD Administration costs for FY 2001 is \$2,867,202 from Fund 949, Internal Service Fund which is cost distributed among challenges 2-A/B and 7A. Fund 949 is an internal accounting mechanism to capture costs centrally and then allocate them back to the respective Funds. As such, there is no fiscal impact as these cost are 100% reimbursable from user Funds

Challenge 3

Community Challenge 3: Supporting Families and Individuals in Crisis; and Preventing Abuse and Neglect

Quality of Life Statement

A community that promotes family and individual stability, in which all people are free from financial, emotional, or physical crises. A community in which all people are safe from abuse, neglect, and exploitation.

Action Statement

Provide crisis intervention, stabilization and support services to prevent or alleviate financial, physical, or emotional crisis. Prevent the incidence of and protect people of all ages from harm due to abuse, neglect and exploitation.

Program Goals

Program 3A. Emergency and Crisis Assessment Services

- To provide assessment, crisis counseling, alcohol and drug screening, and/or service coordination on a short-term basis to individuals and their families in crisis to ensure health and safety;
- To prevent the need for more restrictive or intensive services; and
- For those who need service, to assure that such services are provided in the least restrictive manner.

Program 3B. Services for Children and Families at Risk

- To provide a rapid community response to children and families at risk to keep children safe, to keep families intact

when possible, and to increase the number of children who are able to remain in their own home environment.

Program 3C. Services for the Elderly and Incapacitated Adults At Risk

- To prevent and promote awareness of abuse, neglect or exploitation of elderly and incapacitated adults.

Program 3D. Helping Individuals and Families Meet Basic Needs

- To help individuals and families meet basic needs through a range of county- and community-provided services and counseling.

Responding to the Challenge

While supporting families and individuals in crisis and preventing abuse and neglect are two distinct challenges, their causes, effects, and appropriate responses are often intertwined. The programs in this challenge area focus on preventing or alleviating the causes and effects of crisis, abuse, and neglect. It is important to note the crucial role that community-based organizations play in responding to this challenge, especially in helping families and individuals meet basic needs.

One of the goals of this challenge is to provide **Assessment and Crisis Services** to ensure individual or family health and safety in the least restrictive manner and to prevent the need for more restrictive or intensive services. Services are provided along a continuum according to

need, and include assessment and crisis counseling, alcohol and drug screening, and for those who need more intensive services, admittance into the least restrictive treatment alternative. Specific services include:

- **ADS Emergency Crisis Intervention and Assessment Services** provides crisis intervention, assessment services, alcohol and drug screening, and services coordination on short term basis to individuals and their families in crisis to ensure health and safety.
- **MH Crisis Intervention and Assessment Services** provides 24 hour-per-day comprehensive psychiatric emergency services to individuals in the midst of a crisis situation. Services include all pre-admission screenings and a mobile crisis unit.
- **MR Crisis Intervention and Assessment Services** provides focused services to individuals experiencing a current crisis. Often, these emergencies require extensive coordination to develop emergency residential supports when a family member becomes unable to continue care provision for a loved one with mental retardation.

When families are at risk or experiencing crisis, whether from job loss, illness, mental instability, substance abuse, or domestic abuse, children are often the most vulnerable and the most at-risk. Our responses to **Children and Families at Risk** seek to protect children from harm; to enable children to live safely in families; and to ensure the normal development and long-term emotional and physical health of children by supporting their families in providing for them. These efforts require close collaboration between Family Services, Juvenile and Domestic Relations Court, Community Services Board, Community and Recreation Services, and the Health Department, as well as the Public Schools and the Police.

- **Child Protective Services** protects children from harm, abuse and neglect. Although it is sometimes necessary to place a child who has been maltreated in alternate care, CPS works to change the family system through interventions such as counseling, parenting programs, childcare and support from volunteers. CPS provides a wide range of

mandated and non-mandated services for abused, neglected and exploited children and their families.

- **The Family and Child Program** offers intensive services to families at high risk of abusing and/or neglecting their children. Utilizing a community-based approach, social workers offer time-limited, goal-focused services including intervention, case management, and supportive counseling.
- **CSA/Services for At-Risk Children and Youth** ensure the normal development and long-term emotional and physical health of children. CSA provides coordination of interagency and community services for at-risk children, youth and families.
- **Foster Care** is the provision of substitute care and supervision for children who have been temporarily separated from their families. Foster care can be provided until a child is returned to his or her family or relatives is placed in a permanent foster home or in an adoptive home. **Adoption Services** provides placement and support services for birth families, adoptees and adoptive parents.
- **Mental Health Early Intervention Services** helps individuals, families, educators and other Human Services agency staff better understand and cope with mental health problems. Programs include the Grief Program, which supports people in coping with the traumatic loss of a person in their lives, the ADAPT anger management program, and the Women's Shelter, which supports women and children at risk for domestic violence.

The elderly are also one of our community's most vulnerable populations, and when their family is in crises, they may be exploited or abused. The county's social services and aging services work collaboratively with public safety to identify, prevent and promote an awareness of the abuse or exploitation of our elderly residents. **Services for the Elderly and Incapacitated Adults at Risk** include:

- **Adult Protective Services** provided to adults consist of the receipt and prompt investigation of reports of suspected abuse, neglect, and exploitation. It includes assessing and documenting adults' service

needs and providing or arranging for them. Adults receiving protective services may live in their own homes with relatives, or in nursing homes, homes for adults, hospitals, or group care facilities.

Crisis occurs when an individual or family's support system can no longer meet their needs, and problems escalate into difficulties they can no longer resolve. The County and a large number of community-based organizations work in partnership and collaboration to provide services to **Help Individuals and Families Meet Basic Needs**. Services provided by community-based organizations are described in the Community Funding Pool chapter of this document. County services to meet this challenge include:

- **Family and Individual Support Services**, which provides temporary emergency shelters and supportive services for homeless individuals and families with children. It also provides transitional housing with support services to assist families in their transition from homelessness to stable permanent housing.
- **Coordinated Services Planning** works at the client level to help individuals and families handle emergency situations by simplifying client access to appropriate human services. CSP is a link to all public and private human services available to Fairfax residents. Coordinators assess individual and family situations, over the telephone or in person, and develop an integrated service plan to connect residents with services to meet their needs. Coordinators also explore prevention and early intervention strategies with community based organizations and other Fairfax County service providers to help clients achieve economic independence and social stability.

The community-wide response to Challenge 3, as well as to the issues and trends described below, are characterized by several cross-cutting efforts:

- **Maximizing resources through collaboration** in efforts such as the multi-disciplinary response to at-risk children in the Comprehensive

Services Act; through public/non-profit partnerships such as the Healthy Families Program, shelter services to the homeless, and Coordinated Services Planning. Other collaborative efforts include the TRIAD program, which works to prevent crimes against senior citizens by providing consumer education and involves the Sheriff, the Chief of Police, American Association of Retired Persons, the Commission on Aging and Adult Protective Services.

One excellent example of public/non-profit collaboration in this area is the community-based Continuum of Care, funded through the U.S. Department of Housing and Urban Development's McKinney Homeless Assistance program. The Continuum of Care provides all of the fundamental components to serve the homeless through prevention, outreach, intake and assessment, transitional housing with necessary support and rehabilitative services, and permanent housing or permanent supportive housing. Services are provided through a network of partnerships between nonprofit, public, business, faith, civic and community organizations. The Continuum of Care strategy is a dynamic process that involves an annual community review to update gaps in services and critical need priorities.

- **Streamlining work processes** to meet increased needs with fewer resources, to increase the range of services available to youth and families when they first enter the court system, to increase hours and access to mental health crisis services, and to decentralize services in the community.
- **Focusing on data-driven performance measurement and outcomes**, to ensure that we know which strategies are successful and have the information to assess progress towards meeting our goals.
- **Training staff to increase skills**, especially in cross-disciplinary skills and in culturally appropriate service delivery.
- **Leveraging resources**, through maximizing revenue drawdown from State and Federal sources, the collection of Child Support and SSI

payments, using fee scales for services, and state plan options for Medicaid Services.

- **Focusing on prevention and community education** in community-based services offered through the Community Funding Pool, by public and non-profit prevention and early intervention programs, and by programs in the Continuum of Care to prevent homelessness.

Key Issues and Trends

- **Certain social forces are increasing the demand for services**

Ironically, our area's strong economy can actually work against the stability of low-income families. As higher-income workers move into the area for high-skilled jobs, the demand for housing exceeds the supply, resulting in high rents and low vacancies. Coupled with the loss of Section 8 and subsidized housing units (discussed in Challenge 2), many landlords who previously participated in housing programs no longer do, because they can easily rent their property at market rates. This lack of affordable housing can easily force a family into financial crisis or homelessness. Waiting lists and average lengths of stay in both family and individual shelters has increased dramatically both in Fairfax County and nationwide, as there are fewer options for permanent housing in the community. In addition, individuals and families living in this high-cost, fast-paced community increasingly experience stress which is manifested in difficulties meeting basic needs, such as rent, food, and utilities, or providing an appropriate nurturing environment with adequate supervision for children.

Deinstitutionalization has resulted in the return of more individuals with serious mental illness to the community, many who have substance abuse issues. Over half of the 8,000 individuals receiving acute psychiatric emergency services in FY 2001 had been previously hospitalized for their illness.

As the elderly population increases, there are a growing number of frail elderly persons and incapacitated adults living in the community who require assistance with activities of daily living. The growth in this population, together with labor shortages and high turnover in the home-care and nursing aide fields, has increased the risk of neglect or abuse of elderly persons and incapacitated adults.

- **Client needs are increasing in complexity and intensity**

There are increasing numbers of persons receiving assistance who simultaneously have serious substance abuse and mental illness, or who are experiencing other complex crises. This trend is being seen across many human service programs, including Continuum of Care services for the homeless, which have been focusing on the needs of particular subpopulations such as persons with mental illness, victims of domestic violence, veterans, and multicultural groups.

Families requiring child welfare intervention may present with a wide range of issues including health, mental health and substance abuse problems, domestic violence, inadequate parenting skills, behavioral management problems, poor school attendance and/or performance, and inadequate finances to provide stable housing and meet other basic needs. Federal and state legislation passed in 1997 required intensive accelerated work with families to ensure a permanency plan for foster children within 14 months after coming into foster care. This significantly shortened the timeframe for families to get the needed treatments and supports to be reunited with their children.

- **There are often insufficient resources to fund needed services**

There is often inadequate funding to provide for needed services, especially residential treatment services for children or adults with serious mental health and/or substance abuse, and assisted living for elderly persons or those with disabilities. Because managed care does not cover or severely limits coverage for behavioral health services,

many families quickly exhaust their health insurance benefits for children with serious emotional disturbances. Many health insurance plans, including Virginia Medicaid, do not provide services for alcohol and drug treatment. Without this needed care, families often reach a crisis point and turn to the public sector for assistance.

Prevention is another area that often suffers from insufficient funding. Healthy Families Fairfax, a proven home-based therapeutic and educational program designed to prevent child abuse and neglect, was able to serve only 69% of the Health Department's high-risk births in FY 1999, and only 27% of those potentially in need of these services Countywide.

➤ **Increasing culturally diverse populations are needing services**

The cultural diversity of Fairfax County is mirrored in our service population. This diversity presents challenges for staff working with families in crisis, particularly in the communication and understanding of different cultural norms and beliefs that influence family dynamics. The lack of multilingual service providers also presents difficulties in sensitive mental health and family crisis situations, where the use of interpreters is often inappropriate. Partnerships with multicultural community-based service providers are an important strategy in meeting the needs of families and individuals from other cultures.

The Consolidated Community Funding Pool

The County has historically provided funding for a number of community-based agencies that provide services to respond to family and individual crises. Beginning in FY 1998 these funds have been allocated through a competitive community funding grant process. In FY 2000, this process was merged with the Community Development Block Grant Affordable Housing and Targeted Public Services funds to form the Consolidated Community Funding Pool (CCFP), which awarded grants totaling \$7,692,956 in FY 2001. Grants totaling \$964,097 were awarded

for programs with a primary focus on meeting the goals of Challenge 3. (See the "Consolidated Community Funding Pool" chapter for a listing of grants awarded and selected outcomes to be achieved in this area through the Consolidated Community Funding Pool process.)

Relationship of Challenge 3 to Other Challenges

While these program areas focus on preventing or alleviating the causes and effects of crisis and abuse or neglect, they are also related to all other Community Challenges and Program Areas. For example, families in poverty who lack job skills or affordable housing (Challenges 1 and 2) are at risk for instability and other problems; mental, physical, or substance abuse problems (Challenges 4 and 5) are closely linked with family stability; support services for families involved in the criminal justice system (Challenge 6) can impact family stability; and the availability of community supports and resources (Challenge 7) are crucial to providing families with needed support networks.

How Other Jurisdictions Are Thinking About This Challenge

Over the past several years, many states and localities across the country have begun to ask themselves the question, "What are the most important *outcomes* we want to see for our community?" A community outcome is a broadly-defined, bottom-line condition of well-being for families, children, individuals, or communities. Outcomes are about the fundamental desires of citizens and the fundamental purposes of government, and are not "owned" by any single government agency. While an outcome is not directly measurable by any single piece of data, progress toward achieving outcomes can be measured by a few carefully chosen indicators.

Many jurisdictions have identified community outcomes and indicators related to families and individuals in crisis situations, including abuse and neglect (see box for examples).

Examples of Community Outcomes and Indicators

Strong families (Georgia)

Indicators:

- Incidence of confirmed abuse or neglect
- Percentage of children in foster care who are placed in a permanent home
- Percentage of stable new families
- Percentage of youths arrested

Children and Vulnerable Adults are Safe (Montgomery Co., MD)

Indicators:

- Crime rates
- Child abuse and neglect
- Domestic violence

<p>➤ Program Goals: 3A. Emergency and Crisis Assessment Services</p> <p>➤ To provide assessment, crisis counseling, alcohol and drug screening, and/or service coordination on a short-term basis to individuals and their families in crisis to ensure health and safety;</p> <p>➤ To prevent the need for more restrictive or intensive services; and</p> <p>➤ For those who need services, to assure that such services are provided in the least restrictive manner.</p>					
➤ Strategy Name ➤ Performance Measure(s)	FY 98 Actual	FY 99 Actual	FY 00 Actual	FY 01 Target	Comments
<p>➤ ADS Emergency Crisis Intervention and Assessment Services</p> <p>➤ % of clients assessed for services who accessed the appropriate level of care.</p>	91%	85%	82%	80%	
<p>➤ MH Crisis Intervention and Assessment Services</p> <p>➤ % of clients who receive stabilization services outside the hospital.</p>	87%	96%	96%	90%	

➤ MH Independent Evaluations					
➤ % of evaluations conducted within twenty-four hours of initial contact.	98%	95%	98%	95%	
➤ MR Crisis Intervention and Assessment Services					
➤ % of individuals in emergency residential crisis who are stabilized within one (1) month or less.	100%	100%	100%	NA	This measure will no longer be used in FY01.

➤ Program Goals: 3B. Services for Children and Families at Risk					
➤ To provide a rapid community response to children and families at risk to keep children safe, to keep families intact when possible, and to increase the number of children who are able to remain in their own home environment.					
➤ Strategy Name	FY 98	FY 99	FY 00	FY 01	Comments
➤ Performance Measure(s)	Actual	Actual	Actual	Target	
➤ Child Protective Services					
➤ % of hotline calls receiving a direct response from a Social Worker.	84%	88%	90%	87%	
➤ Family and Child Program					
➤ No. and percent of cases in which children who are at risk of out-of-home placement are able to remain in their own home.	129/90%	201/99%	187/99.8%	90%	
➤ CSA / Services for At-Risk Children and Youth					
➤ % of total children funded by CSA who were served in the community.	84%	88%	88%	88%	
➤ Foster Care and Adoption Services					
➤ Average length of time in foster care.	3.1 years	2.9 years	2.85 years	2.8	
➤ % of foster care population placed in group homes and residential facilities.	17%	18%	19%	19%	
➤ MH Early Intervention Services					
➤ % of clients who complete Grief Programs.	92%	97%	96%	95%	
➤ % of clients who complete the ADAPT Program.	87%	75%	73%	78%	
➤ % of men who are not returned to the ADAPT Program by the Courts.	99%	98%	100%	99%	

<p>➤ Program Goals: 3C. Services for the Elderly and Incapacitated Adults At Risk</p> <p>➤ To prevent and promote awareness of abuse, neglect or exploitation of elderly and incapacitated adults.</p>					
<p>➤ Strategy Name</p> <p>➤ Performance Measure(s)</p>	FY 98 Actual	FY 99 Actual	FY 00 Actual	FY 01 Target	Comments
<p>➤ Adult Protective Services and Ombudsman Services</p> <p>➤ No. of complaints/issues investigated</p> <p>➤ % of APS complaints and Ombudsman issues investigated within the 45-day State standard.</p>	762 95%	887 96%	750 92%	870 95%	

<p>➤ Program Goals: 3D. Helping Individuals and Families Meet Basic Needs</p> <p>➤ To help individuals and families meet basic needs through a range of county- and community-provided services and counseling.</p>					
<p>➤ Strategy Name</p> <p>➤ Performance Measure(s)</p>	FY 98 Actual	FY 99 Actual	FY 00 Actual	FY 01 Target	Comments
<p>➤ Family and Individual Support Services</p> <p>➤ Number of homeless persons in families with children served in shelters.</p> <p>➤ Number of homeless single individuals served in shelters.</p>	604 1667	491 1739	547 1552	550 1650	
<p>➤ Access to Community and County Resources (Coordinated Services Planning)</p> <p>➤ CSP Client Service Interactions</p> <p>➤ Percent of CSP clients successfully linked to County, community, or personal resources in order to meet their basic needs.</p>	123,693 89%	125,823 87%	126,021 88%	126,000 90%	

Community Challenge 3 Budget Summary	Total Cost	Federal Revenue	State Revenue	User Fees	Other Revenue	Fairfax Co. Net Cost
Supporting Families and Individuals in Crisis/ Preventing Abuse and Neglect	\$ 80,739,042	\$ 11,101,930	\$ 28,962,395	\$ 321,400	\$ 1,014,732	\$ 39,338,585

**COMMUNITY CHALLENGE 3. SUPPORTING FAMILIES AND INDIVIDUALS IN CRISIS/PREVENTING ABUSE AND
NEGLECT**

Program 3A. Emergency and Crisis Assessment Services

Strategies	Strat. Ref #	Service Area	Total Cost	Revenues				Net County Cost
				Federal	State	User Fees	Other	
ADS- Emg Crisis Intervention & Assessment	301-A	CSB	\$ 1,352,243	\$ 90,000	\$ 411,623	\$ 22,000	\$ 21,408	\$ 807,212
MH-Crisis Intervention & Assessment Services	302-A	CSB	\$ 3,442,070	\$ -	\$ 2,829,289	\$ 189,000	\$ 58,099	\$ 365,683
MH-Independent Evaluations	303-A	CSB	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
MR-Crisis Intervention/Assessment	304-A	CSB	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consolidated Community Funding Pool	310-A	POOL	\$ 218,000	\$ 75,000	\$ -	\$ -	\$ -	\$ 143,000
Administrative Support Services	311-A	DAHS	\$ 189,370	\$ -	\$ -	\$ -	\$ -	\$ 189,370
Regular Strategies-Subtotal:			\$ 5,201,683	\$ 165,000	\$ 3,240,912	\$ 211,000	\$ 79,507	\$ 1,505,265
Grant Strategies-Subtotal:			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Program 3A -Total:			\$ 5,201,683	\$ 165,000	\$ 3,240,912	\$ 211,000	\$ 79,507	\$ 1,505,265

Program 3B. Services for Children and Families at Risk

Strategies	Strat. Ref #	Service Area	Total Cost	Revenues				Net County Cost
				Federal	State	User Fees	Other	
CSA/Services for At-Risk Children & Youth	312-B	DES	\$ 36,526,800	\$ 66,515	\$ 19,326,125	\$ -	\$ 494,618	\$ 16,639,542
Foster Care & Adoption	313-B	DES	\$ 13,106,103	\$ 4,844,576	\$ 4,302,943	\$ -	\$ 99,758	\$ 3,858,826
Foster Care & Adoption	313-B	DES G	\$ 313,220	\$ -	\$ 233,189	\$ -	\$ -	\$ 80,031
Child Protective Services	314-B	DES	\$ 5,926,776	\$ 2,652,742	\$ 16,747	\$ -	\$ 117,763	\$ 3,139,524
Child Protective Services NOT ACTIVE FY 01	314-B	DES G	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
MH-Early Intervention Services	315-B	CSB	\$ 458,927	\$ -	\$ 3,225	\$ 110,400	\$ 7,396	\$ 337,905
MH-Early Intervention Services	315-B	CSB G	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
ADS-Parents and Children Together Program	316-B	CSB	\$ 100,394	\$ -	\$ 918	\$ -	\$ 1,575	\$ 97,901
Child, Youth & Family Services/VISSTA-NOT AC	317-B	DES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Child, Youth & Family Services/VISSTA	317-B	DES G	\$ 526,743	\$ 395,057	\$ 131,686	\$ -	\$ -	\$ -
Consolidated Community Funding Pool	320-B	POOL	\$ 188,020	\$ -	\$ -	\$ -	\$ -	\$ 188,020
Administrative Support Services	321-B	DAHS	\$ 2,216,641	\$ -	\$ -	\$ -	\$ -	\$ 2,216,641
Regular Strategies-Subtotal:			\$ 58,523,659	\$ 7,563,833	\$ 23,649,958	\$ 110,400	\$ 721,111	\$ 26,478,358
Grant Strategies-Subtotal:			\$ 839,963	\$ 395,057	\$ 364,875	\$ -	\$ -	\$ 80,031
Program 3B -Total:			\$ 59,363,622	\$ 7,958,890	\$ 24,014,833	\$ 110,400	\$ 721,111	\$ 26,558,389

Program 3C. Services for Elderly and Incapacitated Adults at Risk

Strategies	Strat. Ref #	Service Area	Total Cost	Revenues				Net County Cost
				Federal	State	User Fees	Other	
Adult Protective Service/Ombudsman	322-C	DFS	\$ 1,412,479	\$ 583,157	\$ 5,528	\$ -	\$ 19,450	\$ 804,344
Consolidated Community Funding Pool	325-C	POOL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administrative Support Services	326-C	DAHS	\$ 55,791	\$ -	\$ -	\$ -	\$ -	\$ 55,791
Regular Strategies-Subtotal:			\$ 1,468,271	\$ 583,157	\$ 5,528	\$ -	\$ 19,450	\$ 860,136
Grant Strategies-Subtotal:			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Program 3C.-Total:			\$ 1,468,271	\$ 583,157	\$ 5,528	\$ -	\$ 19,450	\$ 860,136

Program 3D. Helping Individuals & Families Meet Basic Needs

Strategies	Strat. Ref #	Service Area	Total Cost	Revenues				Net County Cost
				Federal	State	User Fees	Other	
Family & Individual Support Services	327-D	DFS	\$ 7,750,622	\$ 1,515,626	\$ 10,225	\$ -	\$ 149,331	\$ 6,075,440
Family & Individual Support Services	327-D	DFS G	\$ 3,135,423	\$ 709,307	\$ 1,690,898	\$ -	\$ 45,333	\$ 689,885
Access to Community & Cnty Resources (CSP)	328-D	DSM	\$ 2,842,910	\$ -	\$ -	\$ -	\$ -	\$ 2,842,910
Consolidated Community Funding Pool	330-D	POOL	\$ 558,077	\$ 169,950	\$ -	\$ -	\$ -	\$ 388,127
Administrative Support Services	331-D	DAHS	\$ 418,433	\$ -	\$ -	\$ -	\$ -	\$ 418,433
Regular Strategies-Subtotal:			\$ 11,570,043	\$ 1,685,576	\$ 10,225	\$ -	\$ 149,331	\$ 9,724,911
Grant Strategies-Subtotal:			\$ 3,135,423	\$ 709,307	\$ 1,690,898	\$ -	\$ 45,333	\$ 689,885
Program 3D.-Total:			\$ 14,705,466	\$ 2,394,883	\$ 1,701,123	\$ -	\$ 194,664	\$ 10,414,796

Community Challenge #3 Total:			\$ 80,739,042	\$ 11,101,930	\$ 28,962,395	\$ 321,400	\$ 1,014,732	\$ 39,338,585
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Community Challenge 4: Responding to Threats to the Public Health

Quality of Life Statement

A healthy community environment which is free of threats to public health.

Action Statement

Provide protection from communicable diseases and environmental hazards and provide related prevention services to improve the public health

Program Goals

Program 4A. Protection of the Public's Health

- To minimize the number of food, air, or waterborne or vaccine-preventable diseases, through both community and environmental health efforts.

Responding to the Challenge

Protecting the public from communicable diseases and environmental hazards is one of the core responsibilities of the public sector. In Fairfax County, this responsibility includes providing preventive services to improve the public health, such as outreach and education; monitoring and assessment services such as inspections, sampling and testing programs; and regulation and corrective services such as remediation, treatment, counseling and follow-up.

One of the goals of Fairfax County is to minimize the number of food, air or waterborne diseases, through both community and environmental efforts. A variety of programs offered by the Health Department serve every citizen and visitor of Fairfax County. All of the programs are prevention-based. These programs include communicable disease control; AIDS/HIV services; and environmental health.

- **Communicable Disease Control** is a multi-faceted strategy that includes treatment services to ensure that the community experiences a minimum of risk from infections such as tuberculosis (TB), sexually transmitted diseases (STD's), rabies, flu and other pneumococcal infections. Services are provided in the clinic, home, and community settings, and involve close coordination with private providers as well as community education to prevent the spread of disease.

The Health Department conducts monitoring and surveillance to ensure that all cases of communicable disease are reported to the state (as required by law), whether the case was detected by a public clinic or by a private provider or lab. Data is analyzed regularly to identify trends and shifts in reportable disease.

- **HIV/AIDS Services** is a component of the communicable disease program. Strategies include community outreach and HIV prevention education, early identification of HIV infection, and medical care and case management for HIV positive individuals. HIV/AIDS Services are provided in partnership with community organizations such as Northern Virginia AIDS Ministries, Hopkins House, Whitman Walker of Northern Virginia, and Prince William

Interfaith Care Givers. Early intervention programs are provided in collaboration with the Community Services Board, and services to patients with AIDS are provided under contract with INOVA HIV Services.

- **Environmental Health Services** seek to protect the public from hazards in the environment and to create safe and healthy communities in which to live and work. Programs include:
 - Consumer services, which inspects and provides training to public establishments such as restaurants, swimming pools, child care centers, and motels to ensure compliance with health and safety regulations.
 - Community health and safety, which investigates and resolves community health and safety menace complaints (e.g., pest or rodent infestations, garbage control), investigates and resolves residential maintenance issues (through enforcement of the Virginia Uniform Statewide Building Code), and works to eliminate neighborhood spot blight.
 - Sewer and water services, which monitors water quality, and controls permitting and inspection of septic tanks and well water supply systems.
 - Air quality monitoring, which collects real-time data to send to state and federal environmental agencies for decisions on air pollution regulations.

Issues and Trends

- **Local application of national goals**

Healthy People 2010 is a prevention agenda for the nation that identifies the most significant preventable threats to public health and focuses public and private sector efforts to address those threats. Fairfax County has emulated the Healthy People 2010 objectives, but has tailored it to our community's specific needs. Some of the approaches taken to succeed in this effort are risk reduction,

counseling programs, clinic and field screening and treatment, surveillance of STDs in the community, identification and vaccination of at-risk individuals and community education to targeted populations. As a result of these efforts, we are making progress in achieving our public health goals for Fairfax County

- **Disease-specific trends and needs of special populations**

In 1993, 147 new cases of HIV+ (a rate of 17.3 per 100,000) were reported to the Health Department. In 1998 only 64 cases (6.4 per 100,000) were reported. The rate of HIV in Fairfax County is almost half that of the state. There have been significant decreases in AIDS mortality nationwide, and Virginia experienced a 30% decrease in AIDS deaths between 1995 and 1996. However, as people with HIV/AIDS are living longer they require more complex and expensive treatments. Some of the challenges the County is facing are the lack of affordable housing for persons infected with the HIV virus, the need for additional support to pay for drug therapy (which can cost from \$8-\$12,000/year), and the need for supportive services such as employment re-entry support. In our area, there is also the potential for fragmented care for individuals and families, as asymptomatic and symptomatic patients are served by different providers, and HIV positive children are often served at Children's Hospital in DC while their parents receive care elsewhere. Future challenges include a continued emphasis on prevention and the management of the cost of long-term treatment. To meet these challenges, the Health Department is increasing collaboration with other public and private providers, leveraging local dollars to gain state and private grant funding for needed programs, and improving access to services through a redesign of clinic operating procedures.

In 2000, the rate of new TB cases reported in Fairfax County was 9.1 per 100,000, compared to 4.2 per 100,000 state-wide. The rate was at its highest in Fairfax County in 1996, when there was a rate of 11.2

per 100,000. While there has been a recent decline in the rate of TB among those born in the USA, there has been a significant increase in new cases of TB among foreign-born persons. Virginia is the ninth most popular state for resettlement of refugees, and many come to Northern Virginia to begin their new lives. Because of the conditions that many refugees are fleeing, this is a high-risk population for TB. The Health Department receives referrals from Immigration services, and offers TB screening, immunizations, health education, and a physical exam for newly arrived immigrants and refugees. Fairfax County will continue to work closely with other area governments, community providers, and private physicians to develop new strategies for finding cases of TB, to increase the Health Department's presence in high-risk foreign-born communities, and to provide TB testing for those at high risk of infection.

➤ **Emerging pathogens and developing industries and technologies present new public health threats**

Emerging pathogens and developing industries and technologies have created new challenges for public health agencies. In the food industry, new packaging and processing techniques have the potential to introduce new pathogens into our food sources, and the increasing cultural diversity of food handlers in the food service industry has made outreach, inspection, and education more complex for County staff. Additionally, new emerging industries, such as massage establishments, body piercing and tattooing have significant potential for disease transmission. The Health Department is taking aggressive steps to address these threats, by developing policies for public notification of water contamination and developing an ordinance to require annual health inspections of massage establishments. Other steps include working with the food service industry to include in the County code a consumer advisory requiring restaurants to alert customers when they serve food that contains raw or undercooked animal products, and to remind customers of the potential hazards of

consuming such items. The Health Department is also monitoring the West Nile Virus issue closely, and plans to expend considerable energy in mosquito control and public education during the Spring's mosquito season.

➤ **Aging housing stock presents threats**

As neighborhoods and housing stock in the County age, there is a greater need for a proactive approach to prevent property deterioration and the failure of existing septic systems, many of which are exceeding their life expectancy. At the same time, development in new areas of the County is often in marginal soils, which can also result in high bacteria levels in surface streams. The Health Department does not currently have the staff resources needed to provide a comprehensive, proactive approach to these problems, and often can only address those cases which present the most serious threats to life or health. Initiatives in this area include the development of local policies, staff recruitment and training, and increased collaboration with other agencies and community organizations who share these goals. The Health Department also conducted a pilot Neighborhood Volunteer Improvement Program to train citizen volunteers to "police" their own communities and take action to eliminate deteriorated conditions and to instill community pride. The pilot has proven to be very successful, and could be expanded to more communities with additional resources.

Relationship of Challenge 4 to Other Challenges

This Challenge is related to a number of other Community Challenges. For example, the lack of affordable housing (Challenge 2) may result in overcrowded, unsafe, or unsanitary living conditions for families who are unable to find or afford adequate shelter. Environmental Health's Spot Blight Initiative is a critical component of the County's Revitalization Program in targeted neighborhoods, citing violations in housing conditions and following up to ensure that

the violations are addressed (Challenge 7). Environmental Health plays a critical role in monitoring the cleanliness and safety of facilities that serve as community gathering places, such as restaurants and pools, which foster a supportive community environment (Challenges 7). Individuals who are at risk of or suffering from a communicable disease often need medical care, counseling, and other supportive services to remain as healthy as possible in their communities (Challenges 1, 3, 5).

How Other Jurisdictions Are Thinking About This Challenge

Over the past several years, many states and localities across the country have begun to ask themselves the question, “What are the most important *outcomes* we want to see for our community?” A community outcome is a broadly-defined, bottom-line condition of well-being for families, children, individuals, or communities. Outcomes are about the fundamental desires of citizens and the fundamental purposes of government, and are not “owned” by any single government agency. While an outcome is not directly

measurable by any single piece of data, progress toward achieving outcomes can be measured by a few carefully chosen indicators. Many jurisdictions have identified community outcomes and indicators related to public health (see box for examples).

Examples of Community Outcomes and Indicators

Oregonians are Healthy (Oregon)

Benchmarks for Adult Health:

- Annual number and percentage of HIV cases with an early diagnosis (before symptoms occur)
- Annual incidence of AIDS per 100,000 population
- Sexually transmitted disease rate for adults 20 to 44
- Incidence of TB per 100,000 population
- Percentage of adults who have normal blood pressure
- Percentage of adults who use vehicle safety restraints

➤ Program Goals: 4A. Protection of the Public's Health					
➤ To minimize the number of food, air, or waterborne or vaccine-preventable diseases, through both, community and environmental health efforts.					
➤ Strategy Name	FY 98 Actual	FY 99 Actual	FY 00 Actual	FY 01 Target	Comments
➤ Performance Measure(s)					
➤ Communicable Disease Control					
➤ % of tuberculosis (TB) cases completing therapy	98%	95%	100%	95%	
➤ % of sexually transmitted disease cases treated	100%	100%	100%	100%	
➤ AIDS/HIV Services					
➤ % of HIV+ clients receiving counseling and referral	86%	90%	96%	90%	
➤ % of clients with increased knowledge of HIV prevention	N/A	90%	95%	95%	
➤ Community Health and Safety					
➤ % of community health, safety, and hygiene complaints that	59.3%	62.4%	59%	58%	

were corrected within 60 days.					
➤ Consumer Services					
➤ % of food establishments found to be compliant with health and safety regulations.	79.9%	73.4%	70.9%	70%	
➤ Sewer and Water Services					
➤ % of failing onsite sewage disposal systems corrected within 30 days	86.4%	86.4%	81.6%	85%	
➤ Air Pollution Control					
➤ % reduction in pollutant exceedant days based on long term average	45.3%	8.5%	40.5%	61.9%	

Community Challenge 4 Budget Summary	Total Cost	Federal Revenue	State Revenue	User Fees	Other Revenue	Fairfax Co. Net Cost
Protection of the Public Health	\$ 10,185,382	\$ 253,162	\$ 2,875,303	\$ 1,735,694	\$ 222,811	\$ 5,098,412

COMMUNITY CHALLENGE 4. RESPONDING TO THREATS TO PUBLIC HEALTH

Program 4A. Protection of the Public's Health

Strategies	Strat. Ref #	Service Area	Total Cost	Revenues				Net County Cost
				Federal	State	User Fees	Other	
Communicable Disease Control	401-A	HLTH	\$ 3,882,604	\$ -	\$ 1,572,806	\$ 1,091,972	\$ 117,269	\$ 1,100,557
Communicable Disease Control	401-A	HLTH G	\$ 53,874	\$ 73,658	\$ -	\$ -	\$ -	\$ (19,784)
AIDS/HIV Services	402-A	HLTH	\$ 857,795	\$ -	\$ 38,539	\$ -	\$ -	\$ 819,256
AIDS/HIV Services	402-A	HLTH G	\$ 230,040	\$ 110,654	\$ 18,000	\$ -	\$ -	\$ 101,386
Community Health and Safety	403-A	HLTH	\$ 840,315	\$ -	\$ 236,732	\$ -	\$ 20,053	\$ 583,530
Consumer Services	404-A	HLTH	\$ 1,680,630	\$ -	\$ 473,464	\$ 341,985	\$ 40,106	\$ 825,075
Sewage and Water Services	405-A	HLTH	\$ 1,901,766	\$ -	\$ 535,762	\$ 301,737	\$ 45,383	\$ 1,018,884
Air Pollution Control	406-A	HLTH	\$ 362,120	\$ 68,850	\$ -	\$ -	\$ -	\$ 293,270
Consolidated Community Funding Pool	410-A	POOL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administrative Support Services	411-A	DAHS	\$ 376,237	\$ -	\$ -	\$ -	\$ -	\$ 376,237
Regular Strategies-Subtotal:			\$ 9,901,468	\$ 68,850	\$ 2,857,303	\$ 1,735,694	\$ 222,811	\$ 5,016,810
Grant Strategies-Subtotal:			\$ 283,914	\$ 184,312	\$ 18,000	\$ -	\$ -	\$ 81,602
Program 4A.-Total:			\$ 10,185,382	\$ 253,162	\$ 2,875,303	\$ 1,735,694	\$ 222,811	\$ 5,098,412

Community Challenge #4 Total:	\$ 10,185,382	\$ 253,162	\$ 2,875,303	\$ 1,735,694	\$ 222,811	\$ 5,098,412
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Community Challenge 5: Addressing Alcohol, Drug, Mental and Physical Health Issues

Quality of Life Statement

A community in which all people have access to a wide variety of affordable services for mental health, alcohol and drug abuse, and physical health care.

Action Statement

Contribute to the availability of mental health services, alcohol and drug treatment services, and physical health care services that are affordable to persons with low to moderate incomes.

Program Goals

Program 5a. Primary and Preventive Care Services

- To enhance optimal health and well-being of families and children, improve functioning and prevent or minimize illnesses or disabling conditions through the provision of early intervention services.

Program 5B. Outpatient and Residential Treatment Programs for Adults and Youth

- To improve the functional capacity, decrease hospitalization, and decrease criminal justice involvement of adults suffering from serious mental illness or problems with addiction through a continuum of treatment interventions of varying intensity and duration;

- To improve the functional capacity of youth at-risk of or affected by substance abuse and/or emotional disorders by working collaboratively with other agencies to provide effective services for these youth and their families; and
- To improve the functional capacity of clients needing residential services as evidenced by improved employment, health care, and social functioning.

Program 5C. Support Programs for Health Care and Environmental Services

- To provide accurate and timely laboratory results to support the medical and treatment needs within the various County agencies.

Responding to the Challenge

Limited community options are available for persons with moderate or minimal resources who need mental health, substance abuse, or medical treatment. Human Services, in conjunction with the community and private providers, offers a variety of preventive and treatment services for a wide range of health care, mental health, and substance abuse needs. Some services are offered exclusively to low-income families and individuals, while others are available to people of any income who are in need of treatment. Fees are charged for virtually all these services, usually on a “sliding scale” to ensure that services are affordable to those in any income bracket.

- **Primary and Preventive Care Services** contains a variety of family health services, school, and dental health services, and therapeutic care services.
 - **School Health Services** employs 50 school nurses who cover 180 schools and 155,000 students. In addition to caring for injured or ill children and making referrals for medical and substance abuse services, these nurses manage the health plans for over 23,000 students with identified health needs.
 - **Dental Health Services** are provided by the Health Department in three community clinics. The demand for dental services far exceeds our capacity to provide them, resulting in one of the County's most significant health gaps.
 - **Maternal and Child Health Services** provides maternity, infant, and child health care and case management to at-risk women, infants, and children. Last year, the program served 2,040 women, immunized 19,000 children, and served 12,857 participants in the WIC program.
 - **Community Health Care Network** provides accessible and affordable health care to low-income, uninsured residents in three locations across the County. There are over 20,000 patients enrolled in the program, about 60% of whom visited a clinic last year, for a total of 42,231 patient visits in FY00.
 - The **Early Intervention** program in the Community Services Board provides assessments, referrals, and service planning to families of infants and toddlers with developmental delays.
 - **Therapeutic Leisure Skill Development** helps to promote health and optimum functioning capability for individuals with disabilities through supported leisure activities.
- **In Outpatient and Residential Treatment Programs for Adults and Youth**, the Community Services Board serves over 21,000 persons through a continuum of services for individuals with mental illness or alcohol and drug dependency.
 - **MH Outpatient Services** provides an array of treatment services, including short-term treatment in individual, couple, family, group, and play therapy; medication services; case management; and outreach. Family education, family and community support services, and discharge planning are provided to persons with serious mental illness returning from, or at risk for, psychiatric hospitalization.
 - **MH Residential Treatment Services** provides residential treatment and supported residential services to adults with serious mental illness with the goal of allowing these individuals to reside in the community with the proper treatment, support and case management.
 - **MH Day Treatment and Day Support Services** provides an intensive, highly structured stabilization, evaluation, and treatment setting for adults with serious mental illness and adolescents with serious emotional disturbances, including those who are dually diagnosed mental health/substance abusers. The goal is to decrease the need for hospitalization while improving the individual's level of functioning.
 - **ADS Outpatient and Day Treatment Services** provides individual, family, and group counseling and intensive day treatment services to adults and teens with drug or alcohol dependency. A combined school/treatment program is offered to teens who need intensive help. Specialized assessment and educational services are offered at schools and to youth in juvenile court residential programs.
 - **ADS Residential Treatment Services** provides detoxification, treatment, and transitional living services. Youth residential programs are for periods of three to twelve months, depending on the person's needs.
 - **Specialized programs** are designed for pregnant women, those who speak Spanish, people with disabilities, and for

those with mental illness or mental retardation who need help with substance abuse.

- **Support Programs for Health Care and Environmental Services** filled over 22,000 prescriptions in the pharmacy and completed over 280,000 laboratory tests and QA procedures.

Key Issues and Trends

- **Transformation of the health care environment nationally and locally**

Over the past few years, the health care environment has been evolving at national and local levels towards the provision of a wider integration of clinical and community services and care. Major legislative, policy, and funding changes, such as the Children's Medical Insurance Program, possible expansions or changes in Medicaid coverage, and the continuing growth of managed care in the public and private sectors all create uncertainty among providers of health care, mental health and alcohol and substance abuse services. In addition, the health care system has been moving from a focus on basic access to care to a stronger push for establishing on-going relationships (Medical Homes) with health care providers for families and individuals. In order to be successful in this environment, organizations must be customer focused, flexible and ready for change. Partnerships of all kinds have become increasingly critical to overcoming these future challenges.

- **Access to health care of all kinds is a major issue**

The 1995 Needs Assessment Survey revealed that 7.9% of Fairfax County residents do not have health insurance. The rate for the United States residents is almost twice as high at 15.4% and Virginia has a non-coverage rate of 13.5%. Even though the rate of insured residents is higher in Fairfax County than the US or State rate, an estimated 97,200 of our residents do not have any type of insurance.

An estimated 2,000 uninsured children are not receiving primary health care services through Medicaid or through publicly financed local programs. Dental services is one of the largest gaps in our local access to affordable health care.

Even among those who are insured, access to behavioral health care has eroded significantly over the last decade. According to a 1998 Hay Group study, many insurance and health maintenance plans have severely cut the maximum number of annual outpatient visits allowed, or have lowered the maximum dollar amount for covered services. While the value of physical health care benefits dropped by 7.4% from 1988 to 1997, the value of behavioral health benefits dropped 54.1%. Outpatient visits were reduced by 43.5%.

- **Demand for treatment and care exceeds capacity and funding**

Community options are very limited for persons in need of mental health, alcohol and substance abuse or medical treatment. Currently, County mental health and alcohol and substance abuse treatment services have long waiting lists for services. There is a lack of funding for youth who "age out" of publicly-funded programs at age 18 or 21, but who still need treatment and community-based services. There are only twelve substance abuse counselors to serve all of the schools in the Fairfax-Falls Church area.

Even with the rapid growth in our school population (12% in the last five years), the number of school nurses has remained constant at 50. Fairfax has only half the number of school nurses we would need to meet the standard nurse to student ratio of 1:2000. Currently, only 50 nurses cover 181 schools. In addition, the shortage of clinic room aides and substitutes means that many school clinics are left uncovered due to Aide absence. Such absences totaled approximately 20,000 hours system-wide in 1999.

The lack of treatment capacity to meet current demand in physical health, mental health, and substance abuse programs often leads to a crisis focus instead of a prevention orientation. The maternity clinics had to eliminate prenatal classes, and now staff are only able to focus on “high risk” clients instead of the broader “at risk” population.

➤ **Client needs are increasing in complexity and intensity**

Many of the persons seeking assistance from the public sector have no other health care, mental health, or substance abuse treatment options. They have no insurance to cover these services, or their benefits have been exhausted or denied. In many cases, they have gone without needed treatment for some time, resulting in more severe and complex problems. Often, their health problems have led to financial or family crises, as well. Treating the full range of the individual’s or family’s needs may require close collaboration among staff in multiple disciplines and agencies. For example, the Health Department collaborates with the Department of Family Services and the Community Services Board to treat an increasing number of high-risk and multi-problem families in the maternal and child health clinics. The Community Services Board has developed new programs to address the needs of clients with dual diagnosis of mental health and alcohol and drug problems. Because 70% of ADS clients are involved with the court system, there is close cooperation with the detention center and probation staff.

Agencies are also experiencing an increase in the number of youth needing multiple services. Teen pregnancy is now becoming a problem in middle schools, and youth are using alcohol and drugs at younger ages. There are also an increasing number of students with significant health concerns in the schools, and their medical management is more sophisticated. All of these trends require close collaboration between the schools and human services agencies.

The Consolidated Community Funding Pool

The County has historically provided funding for a number of community-based agencies that provide services to promote healthy families and individuals. Beginning in FY 1998 these funds have been allocated through a competitive community funding grant process. In FY 2000, this process was merged with the Community Development Block Grant Affordable Housing and Targeted Public Services funds to form the Consolidated Community Funding Pool (CCFP), which awarded grants totaling \$7,692,956 in FY 2001. Grants totaling \$248,000 were awarded for programs with a primary focus on meeting the goals of Challenge 5. (See the “Consolidated Community Funding Pool” chapter for a listing of grants awarded and selected outcomes to be achieved in this area through the Consolidated Community Funding Pool process.)

Relationship of Challenge 5 To Other Challenges

While the programs in this Challenge specifically address preventive care, primary care and treatment, the program areas are related to other Community Challenges. For example, many families who are leaving public assistance to become more self-sufficient have trouble finding jobs that offer medical benefits (Challenge 1). Having affordable health care available for the working poor and their families is an essential step between dependence on public aid and self-sufficiency. As noted elsewhere, mental health and substance abuse problems are contributing factors to a variety of family crises -- such as not being able to find or keep a job or to keep up with rent or mortgage payments (Challenges 1 and 2); not being able to adequately care for and protect children and other vulnerable family members (Challenge 3); or being arrested or incarcerated (Challenge 6). Program Areas in other Community Challenges are tailored to prevent or ameliorate the effects of poor health choices or alcohol and drug abuse (Challenge 6, 7).

How Other Jurisdictions Are Thinking About This Challenge

Over the past several years, many states and localities across the country have begun to ask themselves the question, “What are the most important *outcomes* we want to see for our community?” A community outcome is a broadly-defined, bottom-line condition of well-being for families, children, individuals, or communities. Outcomes are about the fundamental desires of citizens and the fundamental purposes of government, and are not “owned” by any single government agency. While an outcome is not directly measurable by any single piece of data, progress toward achieving outcomes can be measured by a few carefully chosen indicators. Many jurisdictions have identified community outcomes and indicators related to health care (see box for examples).

Examples of Community Outcomes and Indicators

Floridians will be healthy (Florida)

Indicators:

- *Life expectancy*
- *Infant mortality and low birth weight*
- *Rate of child immunization*
- *Births to teenagers*
- *Sexually transmitted diseases*
- *Rate of incidence of AIDS*
- *Deaths from heart disease and cancer*
- *Percent of people with health insurance*
- *Personal health care expenditures relative to economic productivity*

Access to Services (Multnomah, OR)

- *Percentage of people seeking alcohol or drug treatment who receive it*
- *Percentage of population with economic access to health care*
- *Percentage of population with access to public or private treatment for mental or emotional problems [by children and adults]*

➤ Program Goals: 5A. Primary and Preventive Care Services					
➤ To enhance optimal health and well-being of families and children, improve functioning and prevent or minimize illnesses or disabling conditions through the provision of early intervention services.					
➤ Strategy Name ➤ Performance Measure(s)	FY 98 Actual	FY 99 Actual	FY 00 Actual	FY 01 Target	Comments
➤ Affordable Health Care Program ➤ Percent increase in the number of patients provided services over the previous year	25%	10%	(3.9)%	5%	
➤ Family Planning ➤ % of high-risk clients with positive pregnancy test referred for Maternity Services	N/a	75%	87%	87%	
➤ Maternity Services ➤ Rate of low birth-weight babies among clients.	5.6%	5.2%	5.6%	5%	
➤ Pediatric Services ➤ % of children fully immunized by aged two.	81%	74%	81%	83%	
➤ Women, Infant and Children (WIC) Services ➤ Percent of WIC clients who participate on a routine basis.	89%	89%	88%	90%	State Goal: 85%
➤ School Health and Clinic Room Aides ➤ % of students with newly identified health conditions who have health plans in place.	N/a	73%	96%	97%	
➤ Dental Health Services ➤ % of eligible children completing dental care.	72%	72%	68%	70%	
➤ MR Prevention / Early Intervention Services ➤ % of families satisfied with early intervention services.	95%	90%	93%	90%	
➤ Therapeutic Leisure Skill Development – Respite Care ➤ % of individuals with increased leisure functioning in at least one functional area. ➤ % of individuals attaining target leisure goals.	64% 62%	60% 62%	64% 64%	64% 64%	

<p>➤ Program Goals: 5B. Outpatient and Residential Treatment Programs for Adults and Youth</p> <p>➤ To improve the functional capacity, decrease hospitalization, and decrease criminal justice involvement of adults suffering from serious mental illness or problems with addiction through a continuum of treatment interventions of varying intensity and duration;</p> <p>➤ To improve the functional capacity of youth at-risk of or affected by substance abuse and/or emotional disorders by working collaboratively with other agencies to provide effective services for these youth and their families; and</p> <p>➤ To improve the functional capacity of clients needing residential services as evidenced by improved employment, health care, and social functioning.</p>					
<p>➤ Strategy Name</p> <p>➤ Performance Measure(s)</p>	FY 98 Actual	FY 99 Actual	FY 00 Actual	FY 01 Target	Comments
<p>➤ MH Inpatient Services</p> <p>➤ % of clients referred to CSB liaison linked with appropriate MH, MR, or ADS services</p>	N/a	N/a	90%	90%	
<p>➤ ADS Outpatient Case Management Services for Adults</p> <p>➤ % of clients with reduced criminal justice involvement six (6) months after discharge.</p> <p>➤ % of clients who score higher on post-test relapse prevention skills after program completion.</p>	89%	86%	86%	80%	
	89%	92%	92%	85%	
<p>➤ ADS Outpatient Case Management – Methadone Services</p> <p>➤ % of Methadone clients remaining free of illegal opiate use.</p>	80%	80%	80%	78%	
<p>➤ MH Outpatient Case Management and Community Support Services for Adults</p> <p>➤ % of clients who report meeting 'most' (75%) of their treatment goals.</p> <p>➤ % of clients who report being 'very or mostly satisfied' with services.</p>	35%	36%	39%	80%*	* New measure under development for FY02.
	94%	95%	93%	90%	
<p>➤ MH Outpatient Case Management Services for Youth</p> <p>➤ % of clients who report meeting 'most' (75%) of their treatment goals.</p> <p>➤ % of clients not becoming involved with the criminal justice system during treatment.</p>	35%	36%	42%	80%*	* New measure under development for FY02.
	86%	87%	97%	90%	
<p>➤ MH Residential Treatment Services</p> <p>➤ % of clients who are able to move to a more independent level of residential setting.</p>	84%	55%	72%	80%	

➤ ADS Adult Day Treatment Services ➤ % of clients with reduced criminal justice involvement six (6) months after discharge.	78%	92%	92%	85%	
➤ MH Adult Day Treatment Services ➤ % of clients who demonstrate improvements of 10 or more points in Global Assessment of Functioning (GAF) score from admission to discharge. ➤ % of clients who obtain employment or other structured daytime activity. ➤ % of clients who are able to obtain a more independent living arrangement.	73% 75% 82%	77% 62% 82%	67% 52% 63%	70% 55% 60%	
➤ ADS Residential Services ➤ % of clients who participate for 90 days or more who improve employment or school status.	N/a	N/a	N/a	70%	New measure for FY00
➤ MH Supported Residential Services ➤ % of clients who are able to maintain stable housing for one (1) year or more. ➤ % of clients who demonstrate improvement in socialization goals.	75% 61%	75% 61%	78% 47%	75% 47%	

➤ Program Goals: 5C. Support Programs for Health Care and Environmental Services					
➤ To support the medical and treatment needs within the various County agencies.					
➤ Strategy Name ➤ Performance Measure(s)	FY 98 Actual	FY 99 Actual	FY 00 Actual	FY 01 Target	Comments
➤ Pharmacy Services ➤ No. of prescriptions and orders filled	22,518	21,654	22,500	22,500	
➤ Laboratory Services ➤ % of acceptable proficiency testing scores.	98%	98.2%	99.8%	98%	

Community Challenge 5 Budget Summary	Total Cost	Federal Revenue	State Revenue	User Fees	Other Revenue	Fairfax Co. Net Cost
Addressing Alcohol, Drug, Mental and Physical Health Issues	\$ 92,317,791	\$ 5,551,199	\$ 12,036,688	\$ 7,871,169	\$ 2,668,763	\$ 64,189,972

COMMUNITY CHALLENGE 5. ADDRESSING ALCOHOL, DRUG, MENTAL AND PHYSICAL HEALTH ISSUES

Program 5A. Primary and Preventive Care Services

Strategies	Strat. Ref #	Service Area	Total Cost	Revenues				Net County Cost
				Federal	State	User Fees	Other	
Affordable Health Care Program	501-A	HLTH	\$ 8,035,415	\$ -	\$ -	\$ -	\$ -	\$ 8,035,415
Affordable Health Care Program	501-A	HLTH G	\$ -	\$ -	\$ -	\$ -	\$ 168,838	\$ (168,838)
Family Planning	502-A	HLTH	\$ 245,586	\$ -	\$ 207,660	\$ 20,068	\$ 17,590	\$ 268
Family Planning	502-A	HLTH G	\$ 19,650	\$ 25,000	\$ -	\$ -	\$ -	\$ (5,350)
Maternity Services	503-A	HLTH	\$ 4,666,656	\$ -	\$ 1,362,072	\$ 36,879	\$ 98,330	\$ 3,169,375
Maternity Services	503-A	HLTH G	\$ 1,084,803	\$ 399,787	\$ -	\$ -	\$ -	\$ 685,016
Pediatric Services	504-A	HLTH	\$ 3,138,681	\$ -	\$ 863,172	\$ 127,135	\$ 73,117	\$ 2,075,257
Pediatric Services	504-A	HLTH G	\$ 123,698	\$ 465,538	\$ -	\$ -	\$ -	\$ (341,840)
School Health	505-A	HLTH	\$ 3,463,372	\$ -	\$ 952,466	\$ -	\$ 80,680	\$ 2,430,226
Clinic Room Aides	506-A	HLTH	\$ 4,556,658	\$ -	\$ -	\$ -	\$ -	\$ 4,556,658
Dental Health Services	507-A	HLTH	\$ 519,752	\$ -	\$ 207,660	\$ 135,348	\$ 17,590	\$ 159,154
Adult/Senior Services	508-A	HLTH	\$ 1,344,396	\$ -	\$ 346,100	\$ 272,993	\$ 29,317	\$ 695,986
Adult/Senior Services	508-A	HLTH G	\$ 45,012	\$ -	\$ -	\$ -	\$ -	\$ 45,012
MR-Prevention/Early Intervention Services	509-A	CSB	\$ 2,310,270	\$ -	\$ 12,654	\$ 274,876	\$ 45,651	\$ 1,977,088
MR-Prevention/Early Intervention Services	509-A	CSB G	\$ 625,268	\$ 625,268	\$ -	\$ -	\$ -	\$ -
Therapeutic Leisure Skill Devl-Respite Care	510-A	DCRS	\$ 673,515	\$ -	\$ -	\$ -	\$ -	\$ 673,515
Consolidated Community Funding Pool	515-A	POOL	\$ 58,000	\$ -	\$ -	\$ -	\$ -	\$ 58,000
Administrative Support Services	516-A	DAHS	\$ 1,143,664	\$ -	\$ -	\$ -	\$ -	\$ 1,143,664
Regular Strategies-Subtotal:			\$ 30,155,965	\$ -	\$ 3,951,784	\$ 867,299	\$ 362,275	\$ 24,974,607
Grant Strategies-Subtotal:			\$ 1,898,431	\$ 1,515,593	\$ -	\$ -	\$ 168,838	\$ 214,000
Program 5A.-Total:			\$ 32,054,396	\$ 1,515,593	\$ 3,951,784	\$ 867,299	\$ 531,113	\$ 25,188,607

Program 5B. Inpatient/Outpatient, Day Treatment and Residential Treatment Programs for Adults and Youth

Strategies	Strat. Ref #	Service Area	Total Cost	Revenues				Net County Cost
				Federal	State	User Fees	Other	
MH-Inpatient Services	517-B	CSB	\$ 434,835	\$ -	\$ 968	\$ -	\$ 7,953	\$ 425,915
ADS-Outpatient Case Mgt Services for Adults	518-B	CSB	\$ 2,490,051	\$ 195,422	\$ 58,505	\$ 292,411	\$ 41,949	\$ 1,901,764
ADS-Outpatient Case Mgmt. Services for Adults	518-B	CSB G	\$ 99,456	\$ -	\$ -	\$ -	\$ -	\$ 99,456
ADS-Outpatient Case Mgt-Methadone Services	519-B	CSB	\$ 156,664	\$ -	\$ -	\$ 28,111	\$ 2,821	\$ 125,732
MH-Outpatient Case Mgmt Services for Adults	520-B	CSB	\$ 5,519,478	\$ 685,818	\$ 944,647	\$ 1,252,419	\$ 90,478	\$ 2,546,116
MH-Outpatient Case Mgmt. Services for Adults	520-B	CSB G	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
MH-Outpatient Community Support Services	521-B	CSB	\$ 5,418,850	\$ 369,282	\$ 333,702	\$ 703,124	\$ 89,309	\$ 3,923,433
ADS-Outpatient Case Mgmt Services for Youth	522-B	CSB	\$ 1,977,594	\$ 270,626	\$ 175,453	\$ 95,908	\$ 32,052	\$ 1,403,555
MH-Outpatient Case Mgmt Services for Youth	523-B	CSB	\$ 4,755,204	\$ 271,366	\$ 454,831	\$ 618,980	\$ 78,255	\$ 3,331,771
ADS-Adult Day Treatment Services	524-B	CSB	\$ 1,514,231	\$ 279,639	\$ 512,541	\$ 63,000	\$ 24,094	\$ 634,958
MH-Adult Day Treatment Services	525-B	CSB	\$ 4,458,448	\$ -	\$ 495,094	\$ 670,381	\$ 171,942	\$ 3,121,032
ADS-Youth Day Treatment Services	526-B	CSB	\$ 687,325	\$ -	\$ 5,506	\$ 40,000	\$ 10,984	\$ 630,836
MH-Youth Day Treatment Services	527-B	CSB	\$ 641,708	\$ -	\$ 304,515	\$ 40,000	\$ 10,339	\$ 286,854
ADS-Residential Treatment Services	528-B	CSB	\$ 8,399,354	\$ 1,077,206	\$ 1,082,803	\$ 734,050	\$ 135,384	\$ 5,369,911
MH-Residential Treatment Services	529-B	CSB	\$ 14,385,263	\$ 20,000	\$ 2,245,201	\$ 1,965,804	\$ 1,313,025	\$ 8,841,232
ADS-Supported Residential Services	530-B	CSB G	\$ -	\$ -	\$ 225,409	\$ -	\$ -	\$ (225,409)
ADS-Supported Residential Services	530-B	CSB	\$ 910,239	\$ -	\$ 63,900	\$ 85,000	\$ 16,393	\$ 744,946
ADS-Residential Detoxification Services	531-B	CSB	\$ 1,598,800	\$ 693,170	\$ 492,295	\$ -	\$ 32,854	\$ 380,481
ADS-Residential Detoxification Services	531-B	CSB G	\$ 225,409	\$ -	\$ -	\$ -	\$ -	\$ 225,409
MH-Supported Residential Services	532-B	CSB	\$ 1,971,119	\$ -	\$ 36,320	\$ 30,000	\$ 32,911	\$ 1,871,888
Consolidated Community Funding Pool	535-B	POOL	\$ 190,000	\$ -	\$ -	\$ -	\$ -	\$ 190,000
Administrative Support Services	536-B	DAHS	\$ 2,114,027	\$ -	\$ -	\$ -	\$ -	\$ 2,114,027
Regular Strategies-Subtotal:			\$ 55,825,147	\$ 4,035,606	\$ 7,169,960	\$ 6,589,188	\$ 2,057,831	\$ 35,972,562
Grant Strategies-Subtotal:			\$ 2,295,984	\$ -	\$ 361,185	\$ 30,000	\$ 32,911	\$ 1,871,888
Program 5B.-Total:			\$ 58,121,131	\$ 4,035,606	\$ 7,531,144	\$ 6,619,188	\$ 2,090,743	\$ 37,844,450

Program 5C. Support Programs for Health Care and Environmental Services

Strategies	Strat. Ref #	Service Area	Total Cost	Revenues				Net County Cost
				Federal	State	User Fees	Other	
Pharmacy Services	537-C	HLTH	\$ 619,981	\$ -	\$ 33,226	\$ 13,792	\$ -	\$ 572,963
Laboratory Services	538-C	HLTH	\$ 1,440,881	\$ -	\$ 520,533	\$ 370,890	\$ 46,907	\$ 502,551
Consolidated Community Funding Pool	540-C	POOL	\$ -	\$ -				\$ -
Administrative Support Services	541-C	DAHS	\$ 81,402	\$ -	\$ -	\$ -	\$ -	\$ 81,402
Regular Strategies-Subtotal:			\$ 2,142,264	\$ -	\$ 553,759	\$ 384,682	\$ 46,907	\$ 1,156,916
Grant Strategies-Subtotal:			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Program 5C.-Total:			\$ 2,142,264	\$ -	\$ 553,759	\$ 384,682	\$ 46,907	\$ 1,156,916

Community Challenge #5 Total:	\$ 92,317,791	\$ 5,551,199	\$ 12,036,688	\$ 7,871,169	\$ 2,668,763	\$ 64,189,972
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Challenge 6

Community Challenge 6: Responding to Crime in the Community

Quality of Life Statement

A community which is safe from the threat of crime.

Action Statement

Administer a family justice system that delivers a just and equitable response to juvenile and domestic crimes, and which reduces these crimes by addressing the factors that lead to crime in the community.

Program Goals

Program 6A. Prevention of Youth Violence and Crime

- To promote positive and ethical development in youth;
- To reduce substance use and abuse by providing positive recreational services; and
- To provide early intervention for youth who become involved with drugs, alcohol, or other “at-risk” behaviors.

Program 6B. Accountability for Criminal Behavior

- To evaluate criminal and status complaints against juveniles and determine the appropriate courses of action; and to process requests for domestic relations actions;
- To protect the community and ensure court appearances by maintaining both minimum and maximum security detention programs for youth who present a danger to themselves and/or others; and

- To provide investigation and probation services as ordered by the Court, and to protect public safety by rigorously enforcing the rules of probation for offenders.

Program 6C. Opportunities for Rehabilitation

- To provide a continuum of long-term and short-term residential treatment facilities for court-involved youth;
- To provide special schools that provide for academic growth and success for court-involved youth;
- To provide other activities, such as community restitution, job training and placement, family counseling, community surveillance and monitoring; and
- To provide mental health and substance abuse assessments, counseling, education and treatment programs to inmates at the Adult Detention Center.

Responding to the Challenge

While the Juvenile and Domestic Relations District Court has primary responsibility for crimes involving children, youths and families, staff from across Human Services work together and with Public Safety to prevent and reduce crime in the community. This collaboration is essential given the increasing complexity of the problems experienced by children and families in trouble.

The mission of Fairfax County’s Juvenile and Domestic Relations District Court is to provide efficient, effective, and equitable judicial and court service programs which promote positive behavioral change for those youth and adults who come within the Court’s authority,

well as to provide social, rehabilitative and correctional programs and services. The system strives to offer consistent services to ensure the well-being of clients, families, and the protection of the community.

For the **Prevention of Violence and Crime**, the Juvenile and Domestic Relations Court offers a number of services designed to address the underlying causative factors for youth and family court involvement, such as services provided through the Domestic Violence Grants and through the Family Counseling Unit. Juvenile Court also offers programs designed to provide intensive early intervention at the first point of contact with the juvenile justice system, with the goal of reducing future involvement. These programs include the Maximize Attendance Program for youth who have been adjudicated truant, the Informal Hearing Officer Program and the First Offender Program. In partnership with health care providers, the Court also offers the Fairfax Skin Deep Tattoo Removal Program to gang-involved youth, a Sexually Transmitted Disease Clinic, and nursing services to youth in residential facilities.

The **Teen Centers** operated by the Department of Community and Recreation Services are another key component of the County's efforts to prevent youth crime. While Teen Centers offer services to all Fairfax County teens, the centers are located in communities where they may best serve and attract youth at risk. Teen Centers conduct outreach and accept referrals to serve teens who are particularly at risk in regard to: successfully completing school, becoming involved with the juvenile court system, using drugs or alcohol, becoming sexually active at an early age, and becoming a member of a gang with resulting involvement in delinquent activity. Character education, community service projects, special events and trips, activity clubs, Girls Clubs, prevention activities, and vocational programs are important components of the teen center model. Early identification and referral of problems are critical for addressing the needs of at-risk youth.

A third component of the County's efforts to prevent youth crime is the Community Services Board/Alcohol and Drug Services' **Early Intervention Services**. The programs are designed to reach youth who have already become involved with the criminal justice system or who have been identified as at-risk for involvement with alcohol, drugs, or other unhealthy behaviors. These services increase individual and family knowledge of healthy lifestyles, warning signs, and available resources; provide education to increase problem-solving and decision-making skills and to promote attitudinal change; enhance services available to youth and others considered at-risk through alternative programs; and provide consultation, education, and information about substance abuse or mental health problems.

The system also provides programs to ensure **Accountability for Criminal Behavior**. The Juvenile Court provides the following programs and services:

- Juvenile Intake Services, which evaluates complaints against juveniles and determines the appropriate courses of action.
- Adult Intake Services which process requests for protective orders in domestic assault cases.
- Minimum Security detention programs, including Supervised Release Services and the Less Secure Shelter, to protect the community by ensuring that youth awaiting court action are closely monitored and are present to appear for their court hearings.
- Juvenile Detention Center, to protect the community by ensuring that youth charged with detainable offenses are held securely and safely and appear for their court hearings.

Finally, the system offers services to provide **Opportunities for Rehabilitation**. The Juvenile Court offers long-term residential placements for youth with severe behavioral problems who cannot be served in a less restrictive environment; investigation and probation

services for juveniles and adults to provide supervision, monitoring, service planning and access to services; restitution and work training programs; and an anger management program in the Domestic Relations Unit. The Community Services Board provides substance abuse education seminars for court-involved youth, mental health and substance abuse services to youth in the Juvenile Detention Center sentencing programs and the Less Secure Shelter, and mental health and substance abuse assessments for other court-involved youth. The Department of Community and Recreation Services provides leisure education and therapeutic activity interventions to youth in the Juvenile Detention Center, alternative day treatment programs for ADS and Mental Health, and the public schools' ISP programs. Youth in Girls and Boys Probation Houses participate in recreational activities at Teen Centers and area recreation centers. Leisure Coaching is provided to youth who are preparing to reenter the community to enable them to make safe, good choices about how to spend their free time.

Key Trends and Issues

➤ **Client needs are increasing in complexity and intensity**

Although there has been a decrease in overall juvenile offenses since FY 1998, many of those youth and families involved with the court have overwhelming health, safety, and survival issues among family members. Many families and youth requiring court services experience a wide range of issues such as health, mental health and substance abuse, domestic violence, unstable family environment, poor school attendance, and inadequate finances. Serving these youth and their families requires a much more intensive response with collaboration between court staff, mental health and substance abuse staff, social workers, school personnel, and community volunteers.

There has also been an increase in younger adolescents and girls, in particular, coming to the attention of the court. Traditional strategies

for serving older teens are often inadequate for meeting the distinct challenges presented by young offenders.

➤ **Those needing court services are increasingly culturally diverse**

Clients from a variety of cultures present challenges for staff and service providers around communication and understanding different cultural norms, especially those beliefs and norms that influence families and parent-child relationships. While the Court has outstanding volunteers who provide translation services, volunteer translators are not sufficient to address this need. Court hearings and activities require direct and immediate communication, and demand that court staff are able to take cultural differences into account when planning service responses.

➤ **The size of the “Youth At-Risk” population is increasing, thus increasing the demand for prevention programs and services**

The juvenile population (those below the age of 18) fell to its lowest level in 1984. Since that year, the juvenile population has increased gradually and is projected to do so well into the next century. The U.S. Bureau of the Census has estimated that the juvenile population will grow 8% between 1995 and 2015. Between 1995 and 2007, the population of persons ages 15-17 - the age group responsible for two-thirds of all juvenile arrests - will increase 19%. The risk for problem behavior may also increase as adolescents are exposed to violence and substance use at younger ages, and as a growing number of youth live in households where all adults work outside the home. This combination of factors may lead to a greater increase in juvenile offenses. In addition, youth are experiencing an increase in their unsupervised time, and are increasingly making inappropriate use of this unsupervised time. According to the Carnegie Council on Adolescent Development, young adolescents will decide how they will spend at least 40% of their daily waking hours when not in school (~5 hours). For many teens, these hours harbor both risk and

opportunity. For those supervised by adults, the out-of-school hours offer opportunities to be with friends, play sports, pursue interests, and engage in challenging activities. But for the many who are unsupervised during those hours, they present serious risks for substance abuse, crime, violence, and sexual activity.

Collaboration among all service, program, and educational providers needs to continue to ensure consistent prevention messages are delivered to youth, families, and communities. Alternative programming should be emphasized as a viable strategy for comprehensive prevention planning and used in combination with other traditional prevention strategies. Alternative activities include event programming, adventure/challenge oriented activities, community service and service-learning, entrepreneurial ventures, and creative/artistic endeavors.

There is also a need for the system to address violence (and violence prevention) as a family domestic issue, not just as a youth or gang-related issue. The system has experienced an increase in demand for services such as alternative activities for youth and families, prevention services for men, and family education for parents of adult children.

The Consolidated Community Funding Pool

The County has historically provided funding for a number of community-based agencies that provide services to respond to crime in the community. Beginning in FY 1998 these funds have been allocated through a competitive community funding grant process. In FY 2000, this process was merged with the Community Development Block Grant Affordable Housing and Targeted Public Services funds to form the Consolidated Community Funding Pool (CCFP), which awarded grants totaling \$7,692,956 in FY 2001. Grants totaling \$1,266,050 were awarded for programs with a primary focus on meeting the goals of Challenge 6. (See the “Consolidated Community

Funding Pool” chapter for a listing of grants awarded and selected outcomes to be achieved in this area through the Consolidated Community Funding Pool process.)

Relationship of Challenge 6 to Other Challenges

The program areas within *Responding Crime in the Community* include “Prevention of Youth Violence and Crime,” “Accountability for Criminal Behavior” and “Opportunities for Rehabilitation,” and the strategies shown below address these areas specifically. However, many families end up in Court because of other problems they are experiencing. For instance, Court staff work closely with staff from child protective services, foster care, and the school system to address the safety of children experiencing abuse, neglect, or family crisis (Challenge 3). Court staff also work closely with mental health and alcohol & drug services professionals to ensure that families have access to court-ordered treatment and counseling (Challenge 5). Other Challenges address the community risk factors that can lead to criminal behavior, such as overcrowded and unsafe housing conditions (Challenge 2), poverty and lack of skills for employment (Challenge 1), and the lack of family support networks or positive, safe alternatives to drugs or gangs (Challenge 7).

How Other Jurisdictions Are Thinking About This Challenge

Over the past several years, many states and localities across the country have begun to ask themselves the question, “What are the most important *outcomes* we want to see for our community?” A community outcome is a broadly-defined, bottom-line condition of well-being for families, children, individuals, or communities. Outcomes are about the fundamental desires of citizens and the fundamental purposes of government, and are not “owned” by any single government agency. While an outcome is not directly measurable by any single piece of data, progress toward achieving

outcomes can be measured by a few carefully chosen indicators. Many jurisdictions have identified community outcomes and indicators related to crime in the community (see box for examples).

Examples of Community Outcomes and Indicators

Our communities will be safe, friendly, and caring (Minnesota)

Indicators:

- *Percent of residents who report they feel safe*
- *Rates of violent and property crime*
- *Number of juvenile apprehensions*
- *Percent of Minnesotans who engage in volunteer work*

Urgent Benchmarks (Multnomah County, Oregon)

- *Rates of child, spousal, and elder abuse*
- *Rates of crimes against people (by juveniles/adults)*
- *Percentage of diverted offenders who commit any offense*

<p>➤ Program Goals: 6A. Prevention of Youth Violence and Crime</p> <p>➤ To promote positive youth development and reduce substance use/abuse by providing positive recreational activities, fostering ethical development, and providing early intervention for youth who become involved with drugs or alcohol.</p>					
➤ Strategy Name ➤ Performance Measure(s)	FY 98 Actual	FY 99 Actual	FY 00 Actual	FY 01 Target	Comments
<p>➤ Teen Centers</p> <p>➤ Percent change of teen center population.</p> <p>➤ Percent change of at-risk youth participating in teen center activities.</p>	N/a	N/a	29.9%	5%	
	N/a	50%	333%	20%	
<p>➤ ADS Early Intervention Services</p> <p>➤ % of residents assessed for treatment services and who access the appropriate level of care.</p>	98%	95%	89%	90%	

<p>➤ Program Goals: 6B. Accountability for Criminal Behavior</p> <p>➤ To evaluate complaints against juveniles and determine the appropriate courses of action; and to process requests for domestic relations actions;</p> <p>➤ To protect the community and ensure court appearances by maintaining both minimum and maximum security detention programs for youth who present a danger to themselves and/or others;</p> <p>➤ To provide investigation and probation services as ordered by the Court, and to protect public safety by rigorously enforcing the rules of probation for offenders;</p>					
➤ Strategy Name ➤ Performance Measure(s)	FY 98 Actual	FY 99 Actual	FY 00 Actual	FY 01 Target	Comments
➤ Juvenile/Adult Intake Services ➤ Number of non-traffic complaints processed.	25,395	26,897	24,130	27,017	
➤ Minimum Security ➤ Utilization rate for Supervised Release Services	120%	109%	117%	120%	
➤ Maximum Security ➤ Utilization rate for the Juvenile Detention Center* ➤ % of Secure Detention Services youth who appear at scheduled court hearing	159% 100%	103% 100%	102% 100%	95% 100%	*JDC expanded to 121 beds in FY99.
➤ Investigation and Probation Services for Juveniles ➤ Percent of court-ordered investigations completed within 72 hours of court date* ➤ Average monthly juvenile probation caseload ➤ Percent of youths (under age 18) with no new convictions within 12 months of program completion	68% 1,062 67%	70% 1,028 86%	81% 1,114 68%	80% 1,177 75%	*This indicator is a State standard.

<p>➤ Program Goals: 6C. Opportunities for Rehabilitation</p> <p>➤ To provide a range of long-term and short-term residential treatment facilities for court-involved youth which facilitate the successful return of participants to home and community by providing a highly structured environment which emphasizes personal responsibility through means of intensive staff supervision, behavior modification, positive peer culture, and counseling for mental health, substance abuse, or other problems;</p> <p>➤ To provide special schools that provide academic growth and success for court-involved youth who have experienced behavior or attendance problems in school, designed to enable them to return to a regular school, obtain a GED, or enroll in a vocational or work-study program; and</p> <p>➤ To provide mental health and substance abuse assessments, counseling, education and treatment programs to inmates at the Adult Detention Center.</p>					
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➤ Strategy Name ➤ Performance Measure(s)	FY 98 Actual	FY 99 Actual	FY 00 Actual	FY 01 Target	Comments
➤ Community-Based Residential Services ➤ Utilization rate for long-term residential facilities (Girls' and Boys' Probation Houses and Less Secure Shelter) ➤ Percent of youth with no new delinquency or CHINS petitions within 12 months of program completion	94% 79%	90% 75%	75% 68%	80% 75%	

➤ ADS Detention Center Based Services for Adults ➤ % of enrolled inmates completing the Intensive Addiction Program.	91%	93%	93%	90%	
➤ ADS Service for Court Involved Youths ➤ % of enrolled clients completing the Substances Abuse Education Seminar in the Juvenile and Domestic Relations Court who achieve a passing test score.	84%	86%	98%	80%	
➤ MH Adult Detention Center Based Services and Services for Court Involved Youth ➤ % of inmates/youth with mental health problems who receive mental health assessments.	85%	99%	99%	98%	

Community Challenge 6 Budget Summary	Total Cost	Federal Revenue	State Revenue	User Fees	Other Revenue	Fairfax Co. Net Cost
Responding to Crime in the Community	\$ 24,888,880	\$ 542,291	\$ 6,383,949	\$ 336,021	\$ 271,212	\$ 17,355,407

COMMUNITY CHALLENGE 6. RESPONDING TO CRIME IN THE COMMUNITY

Program 6A. Prevention of Youth Violence and Crime

Strategies	Strat. Ref #	Service Area	Total Cost	Revenues				Net County Cost
				Federal	State	User Fees	Other	
Teen Centers	601-A	DCRS	\$ 1,441,605	\$ -	\$ -	\$ -	\$ -	\$ 1,441,605
ADS-Early Intervention Services	602-A	CSB	\$ 568,417	\$ -	\$ 5,506	\$ -	\$ 58,343	\$ 504,569
Consolidated Community Funding Pool	605-A	POOL	\$ 671,134	\$ 58,185	\$ -	\$ -	\$ -	\$ 612,949
Administrative Support Services	606-A	DAHS	\$ 79,394	\$ -	\$ -	\$ -	\$ -	\$ 79,394
Regular Strategies-Subtotal:			\$ 2,760,549	\$ 58,185	\$ 5,506	\$ -	\$ 58,343	\$ 2,638,516
Grant Strategies-Subtotal:			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Program 6A.-Total:			\$ 2,760,549	\$ 58,185	\$ 5,506	\$ -	\$ 58,343	\$ 2,638,516

Program 6B. Accountability for Criminal Behavior

Strategies	Strat. Ref #	Service Area	Total Cost	Revenues				Net County Cost
				Federal	State	User Fees	Other	
Juvenile/Adult Intake Services	607-B	JDC	\$ 1,415,289	\$ -	\$ 478,469	\$ -	\$ 15,341	\$ 921,479
Hearings/Court Case Processing	608-B	JDC	\$ 430,487	\$ -	\$ 6,549	\$ 155,554	\$ 4,666	\$ 263,718
Invest & Prob Svcs for Juveniles & Adults	609-B	JDC	\$ 5,410,707	\$ -	\$ 929,554	\$ -	\$ 58,649	\$ 4,422,504
Invest & Prob Svcs-Maximize Attendance Prog	609-B	JDC G	\$ 119,673	\$ 80,000	\$ -	\$ -	\$ -	\$ 39,673
Invest & Prob Svcs-Stop Violence Against Women	609-B	JDC G	\$ 47,312	\$ 47,312	\$ -	\$ -	\$ -	\$ -
Invest & Prob Svcs-Juvenile Accountability Incentive	609-B	JDC G	\$ 159,651	\$ 143,688	\$ -	\$ -	\$ -	\$ 15,963
Invest & Prob Svcs-Intensive Aftercare	609-B	JDC G	\$ 75,000	\$ 75,000	\$ -	\$ -	\$ -	\$ -
Minimum Security	610-B	JDC	\$ 1,649,413	\$ 12,251	\$ 704,287	\$ -	\$ 17,879	\$ 914,997
Maximum Security	611-B	JDC	\$ 7,783,609	\$ 107,995	\$ 3,308,084	\$ -	\$ 84,370	\$ 4,283,160
Consolidated Community Funding Pool	615-B	POOL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administrative Support Services	616-B	DAHS	\$ 659,218	\$ -	\$ -	\$ -	\$ -	\$ 659,218
Regular Strategies-Subtotal:			\$ 17,348,722	\$ 120,246	\$ 5,426,943	\$ 155,554	\$ 180,904	\$ 11,465,075
Grant Strategies-Subtotal:			\$ 401,636	\$ 346,000	\$ -	\$ -	\$ -	\$ 55,636
Program 6B.-Total:			\$ 17,750,358	\$ 466,246	\$ 5,426,943	\$ 155,554	\$ 180,904	\$ 11,520,711

Program 6C. Opportunities for Rehabilitation

Strategies	Strat. Ref #	Service Area	Total Cost	Revenues				Net County Cost
				Federal	State	User Fees	Other	
Juvenile Court Alternative Schools	618-C	IDC	\$ 575,730	\$ -	\$ 8,758	\$ 110,000	\$ -	\$ 456,972
ADS- Detention Ctr-Based Services for Adults	619-C	CSB	\$ 66,826	\$ -	\$ 3,670	\$ -	\$ 274	\$ 62,882
ADS- Detention Ctr-Based Services for Adults	619-C	CSB G	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
MH- Detention Ctr-Based Services for Adults	620-C	CSB	\$ 224,496	\$ -	\$ 7,418	\$ -	\$ 975	\$ 216,103
ADS Services for Court-Involved Youths	621-C	CSB	\$ 323,450	\$ -	\$ 3,059	\$ -	\$ 5,050	\$ 315,341
ADS Services for Court-Involved Youths	621-C	CSB G	\$ 217,471	\$ -	\$ 217,471	\$ -	\$ -	\$ -
MH Services for Court-Involved Youths	622-C	CSB	\$ 267,894	\$ -	\$ 1,935	\$ 33,635	\$ 4,293	\$ 228,030
Consolidated Community Funding Pool	625-C	POOL	\$ 594,916	\$ -	\$ -	\$ -	\$ -	\$ 594,916
Administrative Support Services	626-C	DAHS	\$ 135,485	\$ -	\$ -	\$ -	\$ -	\$ 135,485
Regular Strategies-Subtotal:			\$ 4,160,502	\$ 17,860	\$ 734,030	\$ 180,467	\$ 31,965	\$ 3,196,180
Grant Strategies-Subtotal:			\$ 217,471	\$ -	\$ 217,471	\$ -	\$ -	\$ -
Program 6C.-Total:			\$ 4,377,973	\$ 17,860	\$ 951,501	\$ 180,467	\$ 31,965	\$ 3,196,180

Community Challenge #6 Total:	\$ 24,888,880	\$ 542,291	\$ 6,383,949	\$ 336,021	\$ 271,212	\$ 17,355,407
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Challenge 7

Community Challenge 7: Providing Community-Wide and Targeted Supports to Prevent Social Isolation and Neighborhood Deterioration

Quality of Life Statement

A community which supports and builds on the strengths of individuals, families, and neighborhoods.

Action Statement

In collaboration with the community, provide targeted responses to the social, housing, and civic needs of residents in neighborhoods at risk of social or economic deterioration, as well as broad-based supports for community and family well-being.

Program Goals

Program Goals: 7A. Neighborhood Revitalization

- To provide for infrastructure improvements within the public right-of-way (e.g., roads, sidewalks, storm drainage, and sanitary sewers) through the use of the Community Development Block Grant and Community Improvement bond funding;
- To provide financial resources (bank loans, deferred loans, grants) to property owners to improve individual homes; and
- To provide programs to assist in the economic revitalization of declining commercial properties.

Program Goals: 7B. Responses to Targeted Social Needs of Families, Individuals, or Neighborhoods

- To strengthen families, increase the potential for successful child and family outcomes, and provide access to supportive or preventive services; and
- To strengthen the community's capacity to support family and individual stability.

Program Goals: 7C. Development of Community Supports

- To build the county's capacity to provide its residents with essential human services through a system of integrated and effective public and community-based human services delivery; and
- To develop collaborative community networks among county and community-based human service providers and other key partners and stakeholders in each of the five human services regions.

Program Goals: 7D. Community Wide Services

- To provide opportunities for children and adults to participate in a variety of positive and enriching community activities.

Responding to the Challenge

Fairfax County is home to a diverse array of neighborhoods and communities. Each has its own unique strengths and needs, which vary with a neighborhood's physical condition, economic health, ethnic diversity, and social and civic infrastructure. Some of Fairfax County's neighborhoods are experiencing or are at-risk of experiencing some degree of social or physical deterioration, evidenced by aging physical structures, rising crime rates, a lack of thriving businesses, or high concentrations of poverty and social need. To address these needs, the County Executive has chartered a multi-disciplinary Revitalization Task Force. In studying revitalization needs in the County, the Task Force reached the conclusion that land-use, economic, public safety, and human service issues are interrelated and that in order for revitalization efforts to succeed, a holistic approach that addresses all of these issues is essential.

Although certain communities are in need of targeted intervention, all communities -- rich or poor -- are built upon a foundation of community supports. These include opportunities for employment, housing, shopping, family services, transportation, recreation, education and other basic elements which contribute to quality of life. Whether they are targeted to specific areas of need or are available to the broader community, these community supports are best provided through a collaboration between government, citizens, the non-profit sector, and businesses. Revitalizing neighborhoods and building community capacity is the focus of much of the work being undertaken in Human Services as well as in the County as a whole. These efforts emphasize collaboration among numerous public agencies, the business community, civic organizations, and County residents. The programs responding to this challenge seek to make all neighborhoods vibrant, healthy places for families and individuals to thrive, regardless of the level of need or intensity of services required.

Program Areas addressing this challenge include geographically-targeted revitalization efforts; services that respond to targeted social needs of families and individuals; programs that focus on building community capacity and supports; and programs that are broadly available to support families County-wide.

Geographically-targeted **Neighborhood Revitalization** efforts contribute to the restoration of economic viability to the older business districts and surrounding residential communities of Fairfax County. Through a combination of interdisciplinary public-sector, private-sector and community-based efforts, the initiative builds on community strengths and applies both economic and infrastructure strategies to:

- Reverse economic decline, obsolescence, loss of assessable base, increased demands on services, and other public losses;
- Attract private investment and reinvestment in properties and businesses;
- Improve the appearance, usefulness, and economic competitiveness of commercial and residential properties;
- Improve and increase opportunities for employment, housing, shopping, services, transportation, recreation, education and other basic elements which contribute to the quality of life of the residents of Fairfax County;
- Improve safety and security of residents, employees and clients of the community; and
- Improve the quality of development and land uses.

The County, in partnership with community organizations, offers a number of programs designed to **Respond to Targeted Social Needs of Families, Individuals, or Neighborhoods**. Strategies in this program area include prevention-oriented services that strengthen families' skills in parenting, family functioning, and problem-solving, such as the

Nurturing Parenting Program and **Healthy Families Fairfax**. Strategies such as **Head Start** provide comprehensive family-focused child development services for children and their families. Other strategies, such as neighborhood-based **Family Resource Centers** and **Community Centers** strengthen families by providing resources for building self-sufficiency and life skills and accessing community networks of support. Programs offered at Neighborhood Resource Centers and Community Centers include women's support groups, support groups for adolescent girls and boys, ESL classes, health screenings, youth athletics, substance abuse counseling, nutrition and parenting classes, and help linking to faith-based and community organizations.

The Community Services Board's **Prevention Strategy** process brings together the entire community to work for positive changes and the promotion of healthy lifestyles. The four objectives of the Community-based Prevention Strategy Process are: 1) to increase community involvement in services planning and program participation; 2) to enhance services available to youth and others considered at risk through alternative programs; 3) to provide consultation, education, and information about substance abuse or mental health problems; and 4) to increase community involvement and linkages to organizations, businesses, faith communities, and other groups through service planning and participation.

Program 7C. Development of Community Supports includes regional and system-wide efforts to build the county's and community's capacity to provide its residents with essential services and supports, such as quality child care and other human services. This capacity is built through collaborative networks among county and community-based human service providers and the faith and business communities, and through the continuous improvement of service delivery. Through these

efforts, Human Services seeks to develop and nurture the collaboration necessary for a system of integrated and effective public and community-based human services delivery.

This program area includes **Regional Service Integration and Capacity Building**, in which Regional Managers and Community Developers work in the five regions of the County to coordinate with public, private and community based service providers to improve the quality, capacity, and integration of human services. Each region of the County is unique and the specific approaches reflect this diversity. Regional staff bring together citizens and providers to learn about issues and programs and to collaborate on problem-solving through roundtables, forums, and workshops. Community partnerships between human service organizations, the schools, police, and resident associations in each region are developing exciting new approaches to building strong neighborhoods and healthy families.

The program area also includes **Systems and Service Integration**, which works to increase data-driven decision making and create opportunities for integration in the human services system. Projects, analyses, and activities generally fall into one of four categories: 1) Agency specific projects undertaken at the request of a Human Service agency or service program. Staff uses work on these projects as an opportunity to identify areas where system-wide collaboration might benefit the work of the customer agency/program; 2) Projects which focus on improving operations within a specific Human Service Region. These projects are generally cross-agency and cross program in nature; 3) Projects conducted on behalf of, or focused on, the entire Human Services System (as opposed to a specific agency, program, or region). These projects are typically commissioned by the Human Services Leadership Team, the Human Services Council, or the County Executive's Office but may also be initiated without a specific customer request; or 4) Projects and

activities which are County-wide in nature, including demographic and research services for County staff and citizens.

Other County efforts focus on building community capacity in specific service areas. The Office for **Children's Corporate and Community Development** program assists parents who are trying to find child care by increasing the number of child care programs available for children under the age of 13. Over 14,000 parents request information each year, and over 150 local companies contract for enhanced resource and referral services for their employees who need help in finding child care. The program also recruits child care centers, family child care homes, preschools and summer camps to increase the child care supply. The **Child Care Provider Services** program also works to increase the number of permitted family child care providers. The program promotes standards for safe, healthy and nurturing child care programs, and supports the child care community through guidance, education and advocacy. Child Care Specialists visit over 5,000 provider homes and respond to over 23,000 requests for technical assistance each year.

Not all services are targeted to specific populations or regions of the County. **Community-Wide Services** provide opportunities for all children and adults to participate in a variety of positive and enriching community activities. These strategies reach a wide spectrum of County residents and unlike many human services, are not targeted specifically to low-income families. Community and Recreation Services maintains and manages access to hundreds of public school **gyms and athletic fields**, used extensively by community groups and local athletic leagues. In addition, many of these strategies are entirely or partially self-supported through user fees, such as the 2,000+ **recreation classes, camps and tours** offered annually throughout the County, and the **School-Aged Child Care Program (SACC)**. SACC centers provide professional care for school age children attending kindergarten through

sixth grade. There are SACC centers in 124 elementary schools in Fairfax County serving approximately 8,000 children. Demand for before- and after-school care for children always exceeds the supply; currently there are over 1,000 children on the waiting list for SACC.

Key Issues and Trends

- **“Quality of life” issues for individuals are inextricably linked to “quality of life” issues for communities**

Challenge 7 focuses on the factors that contribute to a good quality of life for all: stable, healthy families and individuals living in and contributing to thriving communities. Many of the trends and issues raised in other Challenges are equally important to family and individual well-being as they are to community well-being. These issues include affordable housing, transportation, access to services and employment, and positive activities for youth. The programs in Challenge 7 highlight the connection between community needs and individual needs, and recognize that attention to one without the other cannot result in sustainable success.

- **The end of “one size fits all” County services, and “one size fits all” success.**

More and more, the County is tailoring the services we offer to meet the various needs of residents and communities, in terms of language, location, hours of availability, and neighborhood-specific issues. Tailoring our program offerings to different communities not only allows the County to accommodate different cultures, schedules, and needs, but also provides opportunities for greater collaboration with community-based organizations. Although we strive to have the County workforce represent the communities we serve, we can never keep pace with the

demographic and cultural changes in Fairfax County. Working more closely with neighborhoods and the stakeholders who know them best requires a great deal of flexibility but also provides greater opportunities to provide meaningful, value-added services to residents.

Building upon success no longer means finding a program that works and simply replicating it. The more a program is tailored to the strengths and needs of a community, the more likely it is to be successful; however, these tailor-made traits make it more difficult to replicate in other areas of the County. Instead, County staff and partners must look at successful small-scale community-based projects and identify the factors that make them successful, then adapt those traits and apply them to a new community. In many cases, the most critical success factor is the *process* that is employed to identify, involve, and foster ownership among a broad range of community stakeholders.

- **Working together is no longer a “special project” but the new way of doing business. This often calls for a new role for the County.**

Inter-agency work is now the norm for many staff, not just within human services but also with other County agencies, the schools, police, non-profits, businesses, and the faith community. Virtually all of the strategies in Challenge 7 are built upon interagency and community partnerships - the County’s Revitalization initiatives, the Healthy Families program, Family Resource Centers and Community Centers, Regional service integration and management projects, Head Start and community child care development, and community use of athletic facilities. This emphasis on partnerships is a positive trend for the community and for staff, although it brings an added set of complexities. County staff are no longer required just to operate within the norms and

mandates of their own organizations, but also to find a way to meld together many organizational cultures and goals.

As a result of this change in the way of doing business, the County is adopting a new role, from that of “service provider” to that of “resource developer.” Many of the programs in this Challenge are less about direct service provision than they are about building community and family capacity; developing resources; building on strengths; promoting neighborhood leadership and involvement; or providing technical expertise, physical resources, or information to help communities develop their own solutions.

Measuring our success in this new role requires a longer-term view. While we can measure how many people we reach, program participation, and the like, our real measure of success is “did this community achieve what it set out to achieve?” Measuring that requires a process for communities to agree on their own outcomes, for the County and other players to define their role and what they will bring to the table, and long-term commitment to both the process and the product.

The Consolidated Community Funding Pool

The County has historically provided funding for a number of community-based agencies that provide services to promote strong families and communities. Beginning in FY 1998 these funds have been allocated through a competitive community funding grant process. In FY 2000, this process was merged with the Community Development Block Grant Affordable Housing and Targeted Public Services funds to form the Consolidated Community Funding Pool (CCFP), which awarded grants totaling \$7,692,956 in FY 2001. Grants totaling \$2,460,469 were awarded for programs with a primary focus on meeting the goals of Challenge 7. (See the “Consolidated Community Funding Pool” chapter

for a listing of grants awarded and selected outcomes to be achieved in this area through the Consolidated Community Funding Pool process.)

Relationship of Challenge 7 to Other Challenges

Because the strategies in this Community Challenge address families' and communities' ability to respond to a broad range of human service and other needs, they are closely inter-related with all of the other Community Challenges.

How Other Jurisdictions Are Thinking About This Challenge

Over the past several years, many states and localities across the country have begun to ask themselves the question, "What are the most important *outcomes* we want to see for our community?" A community outcome is a broadly-defined, bottom-line condition of well-being for families, children, individuals, or communities. Outcomes are about the fundamental desires of citizens and the fundamental purposes of government, and are not "owned" by any single government agency. While an outcome is not directly measurable by any single piece of data, progress toward achieving outcomes can be measured by a few carefully chosen indicators. Many jurisdictions have identified community outcomes and indicators related to family and neighborhood quality of life (see box for examples).

Examples of Community Outcomes and Indicators

For Jacksonville to be the best place in the nation to live and raise a family (Jacksonville, Florida)

Goal: Establish self-sufficiency for one Intensive Care Neighborhood (ICN) in 1998 as measured by the following sustainability indicators:

- *Number of on-going relationships with private/public organizations established*
- *Number of block captains established*
- *Number of people under age 30 presently coordinating activities*
- *Reduction in number of crimes reported annually*
- *Number of Neighborhood Park Watch Programs established*
- *Number of neighborhood and community-sustained programs that enhance youth development*
- *Level of volunteer support at ICN participating schools*
- *Number of ICN schools removed from the State Department of Education's low- performing list*
- *Safe-to-Unsafe housing ratio (Goal -- achieve a ratio of 25-1)*
- *Surface rating on all streets in ICN (Goal: 70 or better)*
- *Park Maintenance ratings in ICN (Goal: Upgrade all to category 1)*
- *Percent of identified drainage projects completed (Goal: 100%)*

<p>➤ Program Goals: 7A. Neighborhood Revitalization</p> <p>➤ To provide for infrastructure improvements within the public right-of-way (e.g., roads, sidewalks, storm drainage, and sanitary sewers) through the use of the Community Development Block Grant and Community Improvement bond funding;</p> <p>➤ To provide financial resources (bank loans, deferred loans, grants) to property owners to improve individual homes; and</p> <p>➤ To provide programs to assist in the economic revitalization of declining commercial properties.</p>					
➤ Strategy Name ➤ Performance Measure(s)	FY 98 Actual	FY 99 Actual	FY 00 Actual	FY 01 Target	Comments
<p>➤ Public Facility Construction and Improvement</p> <p>➤ Community Development Funding and Monitoring</p> <p>➤ Neighborhood Conservation and Redevelopment Planning</p> <p>➤ Commercial Revitalization</p> <p>➤ Number of stakeholders participating in revitalization</p> <p>➤ Dollar Value generated through grantsmanship</p>	N/a N/a	100 \$500,000	115 \$387,500	130 \$605,000	

<p>➤ Program Goals: 7B. Responses to Targeted Social Needs of Families, Individuals, or Neighborhoods</p> <p>➤ To strengthen families, increase the potential for successful child and family outcomes, and provide access to supportive or preventive services.</p> <p>➤ To strengthen the community's capacity to support family and individual stability.</p>					
➤ Strategy Name ➤ Performance Measure(s)	FY 98 Actual	FY 99 Actual	FY 00 Actual	FY 01 Target	Comments
<p>➤ Nurturing Program</p> <p>➤ % of families in which there is no subsequent founded incident of child abuse or neglect within one year.</p>	100%	99%	99%	99%	
<p>➤ Healthy Families Program</p> <p>➤ % of families in which there is no subsequent founded incident of child abuse or neglect within one year.</p>	99%	99%	99%	99%	
<p>➤ Family Resource Centers</p> <p>➤ No. of people attending Resource Center activities.</p>	25,304	20,414	15,326		Measure discontinued for FY01.

➤ Community Center Operations					
➤ Average number of individuals attending daily activities.	668	665	1,020	1,122	
➤ No. of community sponsored activities.	379	469	535	588	
➤ % of enrolled youth engaged in after-school recreation activities.	50%	25%	40%	40%	
➤ Head Start					
➤ % of eligible children that are served.	57.9%	80%	81%	85%	
➤ CSB Prevention Services					
➤ % of participants in community education groups who demonstrate improvements in Post-Testing scores.	87%	86%	93%	85%	Combined program for MH and ADS prevention services.

➤ Program Goals: 7C. Development of Community Supports ➤ To build the county's capacity to provide its residents with essential human services through a system of integrated and effective public and community-based human services delivery. ➤ To develop collaborative community networks among county and community-based human service providers and other key partners and stakeholders in each of the five human services regions.					
➤ Strategy Name	FY 98 Actual	FY 99 Actual	FY 00 Actual	FY 01 Target	Comments
➤ Performance Measure(s)					
➤ Regional-Based and Systemwide Services Integration and Management					
➤ Percent of customer organizations (regional, system wide, or community-based) who achieve their goals.	N/A	94%	90%	85%	
➤ Customer satisfaction rate.	N/A	98%	93%	85%	
➤ Corporate and Community Development					
➤ No. of licensed or permitted child care programs available for children under the age of 13	3611	3008	3117	3251	The decline from FY 98 to FY 00 is due to the high turnover rate in family child care homes.
➤ Child Care Provider Services					
➤ % increase in the number of permitted family child care homes	16%	-3%	-4%	5%	

<p>➤ Program Goals: 7D. Community Wide Services</p> <p>➤ To provide opportunities for children and adults to participate in a variety of positive and enriching community activities.</p>					
<p>➤ Strategy Name</p> <p>➤ Performance Measure(s)</p>	FY 98 Actual	FY 99 Actual	FY 00 Actual	FY 01 Target	Comments
<p>➤ Elementary-Aged Recreation Program</p> <p>➤ Total number of children attending daily activities.</p>	2,956	6,425	6,861	6,519	
<p>➤ School-Age Child Care Program</p> <p>➤ % of applications who are served by the School-Age Child Care program.</p>	86%	86%	88%	86%	
<p>➤ Classes, Camps, and Tours</p> <p>➤ No. of customers enrolled in classes/Percent who indicate satisfaction with classes.</p> <p>➤ % of individuals enrolled in Teen Adventure Camps attending daily activities.</p> <p>➤ % of families indicating satisfaction with Teen Adventure Camps.</p> <p>➤ Average number of customers attending Tours for Adults, Families, & Retirees.</p> <p>➤ % of customers attending tours who indicate satisfaction.</p>	<p>31,059/92 %</p> <p>99.5%</p> <p>100%</p> <p>42 per tour</p> <p>90%</p>	<p>31,906/90 %</p> <p>99.7%</p> <p>96%</p> <p>39 per tour</p> <p>92%</p>	<p>30,283/94 %</p> <p>99%</p> <p>96%</p> <p>39 per tour</p> <p>90%</p>	<p>31,797/95 %</p> <p>98%</p> <p>96%</p> <p>41 per tour</p> <p>92%</p>	
<p>➤ Community Use of Athletic Facilities</p> <p>➤ % of organizations or individuals who receive requested field and gym applications or comparable services</p> <p>➤ % and number of volunteer building director/facility certifications issued.</p>	<p>99%</p> <p>99.8%</p> <p>4,470</p>	<p>100%</p> <p>100%</p> <p>1,630</p>	<p>100%</p> <p>100%</p> <p>1,954</p>	<p>100%</p> <p>100%</p> <p>2,700</p>	
<p>➤ Maintenance of Athletic Facilities</p> <p>➤ % of fields/facilities requiring maintenance which are sponsored by community groups.</p>	16%	9%	14%	19%	100 fields sponsored by community groups
<p>➤ Virginia Cooperative Extension</p> <p>➤ Number of youth enrolled in 4-H Clubs and special programs.</p> <p>➤ Number of 4-H volunteers trained</p>	<p>5,000</p> <p>100</p>	<p>3,802</p> <p>100</p>	<p>5,680</p> <p>100</p>	<p>5,877</p> <p>100</p>	

Community Challenge 7 Budget Summary	Total Cost	Federal Revenue	State Revenue	User Fees	Other Revenue	Fairfax Co. Net Cost
Providing Community-Wide & Targeted Supports to Prevent Social Isolation & Neighborhood Deterioration	\$ 73,754,674	\$ 13,144,717	\$ 1,844,813	\$ 21,325,978	\$ 1,761,314	\$ 35,700,306

COMMUNITY CHALLENGE 7. PROVIDING COMMUNITY-WIDE AND TARGETED SUPPORTS TO PREVENT SOCIAL ISOLATION AND NEIGHBORHOOD DETERIORATION

Program 7A. Neighborhood Revitalization

Strategies	Strat. Ref #	Service Area	Total Cost	Revenues				Net County Cost
				Federal	State	User Fees	Other	
Public Facility Construction and Improvement	701-A	HCD	\$ 5,270,209	\$ -	\$ -	\$ 1,695,460	\$ 1,024,853	\$ 2,552,397
Public Facility Construction and Improvement	701-A	HCD G	\$ 2,722,044	\$ 2,722,044	\$ -	\$ -	\$ -	\$ -
Community Develop. Funding & Monitoring	702-A	HCD	\$ 283,219	\$ -	\$ -	\$ 44,755	\$ 21,532	\$ 218,907
Community Develop. Funding & Monitoring	702-A	HCD G	\$ 852,044	\$ 852,044	\$ -	\$ -	\$ -	\$ -
Neighborhood Conservation & Redevelopment Planning	703-A	HCD	\$ 65,305	\$ -	\$ -	\$ 19,181	\$ 9,228	\$ 37,743
Neighborhood Conservation & Redevelopment Planning	703-A	HCD G	\$ 852,044	\$ 852,044	\$ -	\$ -	\$ -	\$ -
Commercial Revitalization	704-A	HCD	\$ 2,087,747	\$ -	\$ -	\$ 172,625	\$ 83,051	\$ 1,839,684
Commercial Revitalization	704-A	HCD G	\$ 852,044	\$ 852,044	\$ -	\$ -	\$ -	\$ -
Consolidated Community Funding Pool	710-A	POOL	\$ 51,397	\$ -	\$ -	\$ -	\$ -	\$ 51,397
HCD Administration*	711-A	HCD	\$ 743,091	\$ -	\$ -	\$ 73,965	\$ 466,360	\$ 206,030
Regular Strategies-Subtotal:			\$ 8,500,970	\$ -	\$ -	\$ 2,005,985	\$ 1,605,024	\$ 4,906,158
Grant Strategies-Subtotal:			\$ 5,278,176	\$ 5,278,176	\$ -	\$ -	\$ -	\$ -
Program 7A-Total:			\$ 13,779,146	\$ 5,278,176	\$ -	\$ 2,005,985	\$ 1,605,024	\$ 4,906,158

Included in the HCD Administration costs for FY 2001 is \$2,867,202 from Fund 949, Internal Service Fund which is cost distributed among challenges 2-A/B and 7A. Fund 949 is an internal accounting mechanism to capture costs centrally and then allocate them back to the respective Funds. As such, there is no fiscal impact as these cost are 100% reimbursable from user Funds.

Program 7B. Responses to the Targeted Social Needs of Families, Individuals or Neighborhoods

Strategies	Strat. Service		Total Cost	Revenues				Net
	Ref #	Area		Federal	State	User Fees	Other	County Cost
Nurturing Program	712-B	DFS	\$ 255,817	\$ 33,416	\$ 613	\$ -	\$ 2,394	\$ 219,394
Nurturing Program	712-B	DFS G	\$ 431,406	\$ 323,554	\$ 64,711	\$ -	\$ -	\$ 43,141
Healthy Families	713-B	DFS	\$ 1,402,972	\$ 113,798	\$ 328,221	\$ -	\$ 8,377	\$ 952,576
Family Resource Centers	714-B	DFS	\$ 575,570	\$ 99,508	\$ 1,552	\$ -	\$ 7,180	\$ 467,330
Community Based Services	715-B	DFS	\$ 652,482	\$ 157,663	\$ 5,569	\$ -	\$ 10,769	\$ 478,481
Head Start	716-B	DFS	\$ 5,049,250	\$ 36,000	\$ -	\$ -	\$ -	\$ 5,013,250
Head Start	716-B	DFS G	\$ 5,206,131	\$ 3,562,323	\$ 1,398,808	\$ -	\$ -	\$ 245,000
ADS-Prevention Services	717-B	CSB	\$ 1,111,115	\$ 505,800	\$ 10,094	\$ 8,500	\$ 17,454	\$ 569,268
MH-Prevention Services	718-B	CSB	\$ 172,712	\$ -	\$ 1,290	\$ 2,528	\$ 2,749	\$ 166,145
Community Centers	719-B	DCRS	\$ 1,950,621	\$ -	\$ -	\$ 25,543	\$ -	\$ 1,925,078
USDA Summer Lunch Grant	719-B	DCRS G	\$ 54,125	\$ 49,809	\$ -	\$ -	\$ -	\$ 4,316
Consolidated Community Funding Pool	725-B	POOL	\$ 1,533,042	\$ 90,000	\$ -	\$ -	\$ -	\$ 1,443,042
Administrative Support Services	726-B	DAHS	\$ 434,403	\$ -	\$ -	\$ -	\$ -	\$ 434,403
Regular Strategies-Subtotal:			\$ 12,965,272	\$ 1,036,185	\$ 346,049	\$ 34,043	\$ 46,174	\$ 11,502,822
Grant Strategies-Subtotal:			\$ 5,864,374	\$ 3,935,686	\$ 1,464,809	\$ 2,528	\$ 2,749	\$ 458,602
Program 7B-Total:			\$ 18,829,646	\$ 4,971,871	\$ 1,810,858	\$ 36,571	\$ 48,923	\$ 11,961,424

Program 7C. Development of Community Supports

Strategies	Strat. Service		Total Cost	Revenues				Net
	Ref #	Area		Federal	State	User Fees	Other	County Cost
Regional-Based Service Integration & Mgmt	727-C	DSM	\$ 3,164,764	\$ -	\$ -	\$ -	\$ -	\$ 3,164,764
Corporate and Community Development	728-C	DFS	\$ 594,971	\$ -	\$ -	\$ 60,918	\$ -	\$ 534,053
Child Care Provider Services	729-C	DFS	\$ 1,655,862	\$ -	\$ -	\$ 35,000	\$ 6,706	\$ 1,614,156
Child Care Provider Services	729-C	DFS G	\$ 2,711,523	\$ 2,711,523	\$ -	\$ -	\$ -	\$ -
Consolidated Community Funding Pool	735-C	POOL	\$ 860,063	\$ 59,193	\$ -	\$ -	\$ -	\$ 800,870
Administrative Support Services	736-C	DAHS	\$ 213,910	\$ -	\$ -	\$ -	\$ -	\$ 213,910
Regular Strategies-Subtotal:			\$ 6,489,570	\$ 59,193	\$ -	\$ 95,918	\$ 6,706	\$ 6,327,753
Grant Strategies-Subtotal:			\$ 2,711,523	\$ 2,711,523	\$ -	\$ -	\$ -	\$ -
Program 7C.-Total:			\$ 9,201,093	\$ 2,770,716	\$ -	\$ 95,918	\$ 6,706	\$ 6,327,753

Program 7D. Community-Wide Services

Strategies	Strat. Service		Total Cost	Revenues					Net
	Ref #	Area		Federal	State	User Fees	Other	County Cost	
School-Age Child Care Program	737-D	DES	\$ 24,869,561	\$ -	\$ -	\$ 15,860,608	\$ 83,487	\$ -	\$ 8,925,466
School-Age Child Care Program	737-D	DES G	\$ 165,455	\$ 123,954	\$ 33,955	\$ -	\$ -	\$ -	\$ 7,546
Elementary-aged Recreation Programs	738-D	DCRS	\$ 1,158,210	\$ -	\$ -	\$ 1,158,210	\$ -	\$ -	\$ -
Classes, Camps and Tours	739-D	DCRS	\$ 2,493,328	\$ -	\$ -	\$ 1,755,439	\$ -	\$ -	\$ 737,889
Community Use of Athletic Facilities	740-D	DCRS	\$ 1,252,006	\$ -	\$ -	\$ 295,910	\$ -	\$ -	\$ 956,096
Maintenance of Athletic Facilities	741-D	DCRS	\$ 591,706	\$ -	\$ -	\$ 41,972	\$ -	\$ -	\$ 549,734
VA Cooperative Extension	742-D	DCRS	\$ 57,047	\$ -	\$ -	\$ 17,965	\$ -	\$ -	\$ 39,082
Burgundy Community Center	743-D	DCRS	\$ 22,554	\$ -	\$ -	\$ 11,400	\$ 17,175	\$ -	\$ 236
Employee Fitness Center	744-D	DCRS	\$ 149,732	\$ -	\$ -	\$ 46,000	\$ -	\$ -	\$ 103,732
Consolidated Community Funding Pool	750-D	POOL	\$ 15,967	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 15,967
Administrative Support Services	751-D	DAHS	\$ 1,169,223	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,169,223
Regular Strategies-Subtotal:			\$ 31,779,334	\$ -	\$ -	\$ 19,187,504	\$ 100,662	\$ -	\$ 12,497,425
Grant Strategies-Subtotal:			\$ 165,455	\$ 123,954	\$ 33,955	\$ -	\$ -	\$ -	\$ 7,546
Program 7D.-Total:			\$ 31,944,789	\$ 123,954	\$ 33,955	\$ 19,187,504	\$ 100,662	\$ -	\$ 12,504,971
Community Challenge #7 Total:			\$ 73,754,674	\$ 13,144,717	\$ 1,844,813	\$ 21,325,978	\$ 1,761,314	\$ -	\$ 35,700,306